
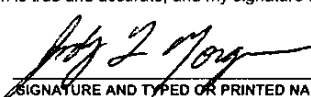


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILE 05 DEC -5 PM 10:15 STATE FLORIDA	
DOCUMENT # P03000061664					
1. Corporation Name BLUE OVAL CORRAL, INC.					
2. Principal Office Address 12199 44TH STREET N Suite, Apt. #, etc.		3. Mailing Office Address 12199 44TH STREET N Suite, Apt. #, etc.		CR2E081 (8/05)	
City & State CLEARWATER FL		City & State CLEARWATER FL			
Zip 33762-5128	Country USA	Zip 33762-5128	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 06/04/03				5. FEI Number 75-3121057	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name JODY L MORGAN					
Street Address (P.O. Box Number is Not Acceptable) 12199 44TH STREET N					
Suite, Apt. #, Etc.					
City CLEARWATER				State FL	Zip Code 33762-5128
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent				Date 11/01/05	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PSTD	JODY L MORGAN	12199 44TH STREET N		CLEARWATER FL 33762	
400061911894 12/05/05--01052--019 **900.00					
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 		11/01/05		813-453-1599	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

OL Williams DEC - 5 2005