PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	Se	DEPARTMENT OF STATE ecretary of State on of corporations	FILED 07 MAR -9 AM 8: 06
DOCUMENT # P05000022572 1. Corporation Name PARTIN & SONS, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA 600093256426 03/16/0701017006 **150.00
2. Principal Office Address - No P.O. Box # 7921 Meadow Rush Lo Suite, Apt. #, etc. City & State Sarasota, F1 Zip Country 34238 Country Sarasota	Suite, Apt. #, etc City & State Sarasot	Meadow Rush Loop ta, Fl	4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name STEPHEN F VOIGT, ESQ Street Address (P.O. Box Number is Not Acceptable) 2042 Bee Ridge Rd Suite, Apt. #, Etc. City Sarasota, F1 State Zip Code 34239 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the o			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. bigations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent Pagent REGISTERED AGENT MUST SIGN Page 1			
Titles Officers and/or I	T	Street Address of Each Officer and/or Directo	City / State / 7in
PST PARTIN, JONATE	IAN COLT	7921 Meadow Rush	Loop Sarasota, Fl 34238
V PARTIN, CAROLI	NE J	7921 Meadow Rush	Loop Sarasota, Fl 34238
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

PARTIN & SONS, INC. 7921 Meadow Rush Loop Sarasota, Florida 34238

February 27, 2007

Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Dear Sir,

I filed the 2006 FOR PROFIT CORPORATION ANNUAL REPORT with our check # 1922 in the amount of \$150.00 on March 14, 2006. The check has cleared the bank.

I did not received any notification that the EIN was missing from the form or any notification that an ADMIN DISSOLUTION was being placed on the corporation.

I am filing the Corporation Reinstatement Form for 2007 with the filing fee of \$150.00 for the current year.

I am requesting that the reinstatement fee and penalty be waived, since I was not aware of the situation until I tried to download the 2007 Form on February 27, 2007.

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Thank you for your consideration.

Jonathan @ Partin

President