


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS																									
<b>DOCUMENT #</b> P05000043474																											
<b>1. Corporation Name</b> Kay Carson, P.A.																											
<b>2. Principal Office Address - No P.O. Box #</b> 2160 W. Hwy 434 Suite, Apt. #, etc. Suite 100 City & State Longwood, FL Zip Country 32779 USA		<b>3. Mailing Office Address</b> 447 Spring Hollow Blvd. Suite, Apt. #, etc. City & State Apopka, FL Zip Country 32712 USA																									
<b>7. Name and Address of Current Registered Agent</b> Name Kay Carson Street Address (P.O. Box Number is Not Acceptable) 2160 W. Hwy 434 Suite, Apt. #, Etc. Suite 100 City Longwood State Zip Code FL 32779		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 3/22/2005 <b>5. FEI Number</b> 56-2506288 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																									
<b>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.</b> Signature of Registered Agent <u>Kay Carson</u> Date <u>4/24/2008</u> REGISTERED AGENT MUST SIGN																											
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Kay Carson</td> <td>2160 W. Hwy 434 Suite 100</td> <td>Longwood, FL 32779</td> </tr> <tr> <td>S</td> <td>Kay Carson</td> <td>2160 W. Hwy 434 Suite 100</td> <td>Longwood, FL 32779</td> </tr> <tr> <td>T</td> <td>Kay Carson</td> <td>2160 W. Hwy 434 Suite 100</td> <td>Longwood, FL 32779</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Kay Carson	2160 W. Hwy 434 Suite 100	Longwood, FL 32779	S	Kay Carson	2160 W. Hwy 434 Suite 100	Longwood, FL 32779	T	Kay Carson	2160 W. Hwy 434 Suite 100	Longwood, FL 32779								
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<b>REINSTATEMENT</b> 06-08																											
<b>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.</b>																											
<b>SIGNATURE:</b> <u>Kay Carson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/24/08</u> <u>4072766337</u> Date Daytime Phone #																									

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