PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
APPLICATION FOR	FLORIDA DEPARTMEN Sandra B. Morti	ham		
REINSTATEMENT	Secretary of Sta	ate ations	FILED	
DOCUMENT # PINUUN			JUL 24 PM 3: 39	
1. Corporation Name Liberty Productions, Inc			CRETARY OF STATE LAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			PUIMOOFEL PAIMPLE	
8170 Adams Dr PO Box 4097				
Hummelstown, Pa 17036 Harrisburg, PA 17111-0097				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			prograted or Qualified	
suite, Apt. #, etc. Suite, Apt. #, etc.		To Do Bu	usiness in Florida 12/30/87	
City & State	City & State	5. FEI Num	23 - 207.5682 Not Applicable	
Zip Country	Zip Country		ATE OF STATUS DESIRED for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director -07/28/98/y/Starte/2p				
1 2		Post Office Box Numbers)	4 ****515.00 ****515.00	
P,D Robert D. Lilley 736 Pine Tree Road			Hummelstown, PA 17036	
V,S,D Bryan S. Lilley 632 Springhouse Land		house Lane	Hummelstown, PA 17036	
T Ralph W, Hanawalt RR1 Box 1420		20	McAlisterville, PA 17049	
			1 - TIYU DAYC	
		13.7	127 96-98 00	
8. Name and Address of Current F			d Address of New Registered Agent	
G. Charles Wohlust 230 Lookout Place Street Address (P.C			er is Not Acceptable)	
Maitland, FL 32751		Suite, Apt. #, Etc.	, Apt. #, Etc.	
	_	City	State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S.				
Signature of Registered Agent Date 6-15-98 MEGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No				
12. 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 filling this reinstallement 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: Nell W/ answer RALPH W. HANAWACT 6/9/92 7/7 5.66.6100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytimo Phone #				

DITTMER, WOHLUST & WILKINS, P.A.

Attorneys at Law 230 LOOKOUT PLACE MAITLAND, FLORIDA 32751

TERRANCE H. DITTMER
G. CHARLES WOHLUST
ROBERT C. WILKINS, JR.
——Of Course!——
RICHARD F. TRISMEN

POST OFFICE BOX 941690 MAITLAND, FLORIDA 32794-1690 TELEPHONE (407) 539-0009 FACSIMILE (407) 539-1995

July 24, 1998

Tyrone Scott Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Liberty Productions, Inc.

Dear Mr. Scott:

Enclosed are the following:

- 1. Correspondence from the Department dated June 23, 1998.
- 2. Application for Reinstatement.
- 3. Filing fee check in the amount of \$515.00.

Very truly yours,

G. CHARLES WOHLUST

Signed in his absence to avoid delay

y Charles Wohlust

GCW/dlm Enclosures

CC:

Ralph Hanawalt, Liberty Productions, Inc. (w/o encs.)

B