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| <p><b>APPLICATION FOR REINSTATEMENT</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | <p style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE</b><br/> Jim Smith<br/> Secretary of State<br/> DIVISION OF CORPORATIONS</p>                                                                                                                      |                                                                   | <p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="font-size: 2em; text-align: center;"><b>FILED</b></p> <p style="text-align: center;">98 FEB 20 PM 12:53</p> <p style="text-align: center;">SECRETARY OF STATE<br/> <b>FLORIDA</b></p> |  |
| <p>Make Check Payable To: Department of State</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                               |  |
| <p>1. Name and Mailing Address of Corporation: <b>DOCUMENT # P93000011236</b></p> <p>F.R. JOHNSTON, INC.<br/> 8802 Sleepy Creek Court<br/> Tampa, FL 33634</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | <p>2. If Address in Each City Incorporated in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.</p> <p>Address _____</p> <p>Address _____</p> <p>City and State _____</p> <p>Zip Code _____</p> |                                                                   |                                                                                                                                                                                                                                                               |  |
| <b>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                               |  |
| <p>3. Date Incorporated or Qualified To Do Business in Florida<br/> 02/15/93</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | <p>4. FEI Number<br/> 59-3162799</p>                                                                                                                                                                                                                            |                                                                   | <p>5. FEI Number Applied For _____</p> <p>FEI Number Not Applicable _____</p>                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | <p>6. \$8.75 Additional Fee required for a Certificate of Status</p> <p><b>CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/></p>                                                                                                                       |                                                                   |                                                                                                                                                                                                                                                               |  |
| <p>6. Names and Street Addresses of Each Officer and/or Director</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                               |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2                                 | 3                                                                                                                                                                                                                                                               | 4                                                                 |                                                                                                                                                                                                                                                               |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name of Officers and/or Directors | Street Address of Each Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)                                                                                                                                                                          | City and State                                                    |                                                                                                                                                                                                                                                               |  |
| D/V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | JOHNSTON, FRANK R.                | 8802 Sleepy Creek Court                                                                                                                                                                                                                                         | Tampa, FL                                                         |                                                                                                                                                                                                                                                               |  |
| D/P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | JOHNSTON, MARIE L.                | 8802 Sleepy Creek Court                                                                                                                                                                                                                                         | Tampa, FL                                                         |                                                                                                                                                                                                                                                               |  |
| S/D/T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | JOHNSTON, JOHN R.                 | 8802 Sleepy Creek Court                                                                                                                                                                                                                                         | Tampa, FL                                                         |                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                                                                                                                 | 300002441803--7<br>-02/26/98--01087--001<br>***1200.00 ***1200.00 |                                                                                                                                                                                                                                                               |  |
| <p>REGISTERED AGENT INFORMATION</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | <p>8. Name and Address of New Registered Agent and/or Office</p> <p>Name _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City and State _____ Zip _____</p>                      |                                                                   |                                                                                                                                                                                                                                                               |  |
| <p>7. Name and Address of Current Registered Agent</p> <p>FRANK R. JOHNSTON<br/> 8802 Sleepy Creek Court<br/> Tampa, FL 33634</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                               |  |
| <p>9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u>Frank R. Johnston</u> Date <u>2/17/98</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                               |  |
| <p>10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                               |  |
| <p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                               |  |
| <p>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 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>Signature of Officer or Director <u>Frank R. Johnston</u> Date <u>2/17/98</u> Daytime Phone # <u>932-0651</u></p> <p>Typed or printed name of signing officer or director <u>FRANK R. JOHNSTON</u></p> |                                   |                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                                                                                               |  |

CR25040 (8/92)