

**CORPORATION
REINSTATEMENT**



Katherine Harris

Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 PM 12:18

1. Corporation Name

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0410182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

DAVID G. WILLETT

Street Address (P.O. Box Number is Not Acceptable)

5950 PENINSULAR AVE.

Suite, Apt., #, Etc.

City

KEY WEST

State

FL

Zip Code


33040

Signature of
Registered Agent

Date 5-16-02

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
DP	DAVID G. WILLETT	5950 PENINSULAR AVE.	KEY WEST, FL 33040
			600003305016--6
			-06/26/00--01140--003
			****900.00 ****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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E081 (9/99)