


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000034509			
1. Corporation Name ES Boney + Associates, Inc.			
2. Principal Office Address 1514 Franklin St.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fernandina Bch., Florida		City & State Florida	
Zip 32034	Country USA	Zip	Country

FILED
02 MAR 20 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida	5/13/1993
5. FEI Number	47-0852859
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	Ernest Steven Boney
Street Address (P.O. Box Number is Not Acceptable)	1514 Franklin St.
Suite, Apt. #, Etc.	
City	Fernandina Beach
State	FL
Zip Code	32034

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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.	
Signature of Registered Agent	<i>Ernest Steven Boney</i>
REGISTERED AGENT MUST SIGN	Date 3/13/02

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
P	Ernest Steven Boney	1514 Franklin St.	Fern. Bch., Fl. 32034
V/H/S	Karen Kay Boney	1514 Franklin St.	Fern. Bch., Fl. 32034

REINSTATEMENT 94-0273

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:	<i>Ernest Steven Boney</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/13/02 Daytime Phone # 904.269.6044

CR2E081 (9/01)