PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # \$93000038780 98 MAY 22 PM 2: 38 1. Corporation Nanie Jim McIntyre Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1105 Pinetree Drive 1105 Pinetree Driva Indum Harbor Behi Fla. Indian Harbor Bah. Fla. REINSTATEMENT 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 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 7in Country Country 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 (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip James J McIntyre III 1105 Pinctree Orive P,T,5 Indian Haybor Beh Ela 32937 40000253701<u>4</u>-05/27/98--01087--013 ***1058.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name James J McIntyre III 1105 Pinetree Drive CR2E040 (1/98) Street Address (P.O. Box Number is Not Acceptable) Indian Harbor Beh. Fla. Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the registered agent of the Nove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signatule of Registe ed Agent REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property fax due June 30. 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., 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: JAMES ME JA YOUTH SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/98 407 7772 759