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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000049323  
1. Corporation Name  
**DOUGLIN MANAGEMENT CORPORATION**

2. Principal Office Address <b>202 Plumosa Road</b>		3. Mailing Office Address <b>202 Plumosa Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DeBary, FL</b>		City & State <b>DeBary, FL</b>	
Zip <b>32713</b>	Country <b>USA</b>	Zip <b>32713</b>	Country <b>USA</b>

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida <b>07/08/1993</b>	
5. FEI Number <b>59-3192181</b>	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 <b>Eleanor B. Ade</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>202 Plumosa Road</b>	
Suite, Apt. #, Etc.	
City <b>DeBary</b>	State <b>FL</b>
	Zip Code <b>32713</b>

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: *Eleanor B. Ade* Date: 04/22/2004  
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
P/D	Eleanor B. Ade	202 Plumosa Road	DeBary, FL 32713

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)(f), 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: *Eleanor B. Ade* Date: 04/22/2004 (386) 668-8456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

DOUGLIN MANAGEMENT CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00