FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

CORPORATION	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000059565  1. Corporation Name The Ormond Associates, Inc. 310 West Jefferson Street Tallahassee, Florida 32301					IALLAHASSEE,	, FLORIDA			
2. Principa	al Office Address	3. Mailing Office Addr	g Office Address						
310	West Jefferson St.	310 West Je	310 West Jefferson St.						
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Date Incorporated or Qualified     To Do Business in Florida				
City & State	,	City & State	e				T ;_		
	lahassee, FL	Tallahassee	è. FL	<b>5.</b> FEI Nui 59-3	mber 262303	-	Applied For Not Applicable		
Zip 323	Country Leon	Zip 32301	Country Leon	6.					
	1	7. Name and	d Address of Curren	nt Registered Agent					
8. I, being	Leonard Pepper  Street Address (P.O. Box Number is Not Acceptable) 310 West Jefferson Street -10/17/0101001007  Suite, Apt. #, Etc. ****150.00 *****150.00  City Tallahassee  State Zip Code FL 32301  8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.								
Signature of Registered	Agent	CLYYUREGISTERED AGENT MUS	ST SIGN	<u> </u>	Date				
9. Names	s and Street Addresses of Each Officer an	nd/or Director (Florida nonc	profit corporations mu	ust list at least 3 directors	3)				
Titles	Name of Officers and/or Directors								
P/D	Ron Pepper	2025	2025 Old Dominion Rd.		Dunwoody,	Dunwoody, GA 30350			
VP/D	Leonard Pepper	310 1	West Jeffer	rson Street	Tallahass	see, FL 3	2301		
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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

(850) 224-2141

Date

Daytime Phone #

00,00

## ORMOND ASSOCIATES, INC.

October 10, 2001

Secretary of State Corporations

Ormond Associates, Inc., has not had an address in Ormond Beach, and did not receive any forms or notices of annual reports.

We respectfully request that our corporation, with its new and proper address, be permitted to reinstate without penalty.

Thank you very much.

LEONARD PEPPER for the Corporation