

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JAN -7 PM 2:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 -01/12/99--01076--005
 ***1050.00 ***1050.00

DOCUMENT # PC0000080430
 1. Corporation Name
Brock Packer & Company, Inc.
WGR-266042

Principal Place of Business Mailing Address
10403 DOWN LAKE-VIEW P.O. BOX 414
CIR.
WINDERMERE FL 34786
Windermere, FL 34786

REINSTATEMENT 96-99

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.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1993
 5. FEI Number 59-3218274 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>2x</u> <u>President</u>	<u>Brock Packer</u>	<u>10403 Down Lakeview Cr.</u>	<u>Windermere, FL 34786</u>

8. Name and Address of Current Registered Agent
Brock Packer
P.O. BOX 414
Windermere, FL 34786

9. Name and Address of New Registered Agent
 Name Brock Packer
 Street Address (P.O. Box Number is Not Acceptable)
10403 DOWN LAKE VIEW CIR
 Suite, Apt. #, Etc.
 City WINDERMERE State FL Zip Code 34786

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent Brock Packer Date 12/4/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

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: Brock Packer 12/4/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #