PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| | PLICAT FOR STATE | 10000 | | Kathe Societa IVISION OF | MEAT OF STATE Ty of State CORPORATIONS | | FILED SECRETARY OF | F STATE | · | |
|---|-----------------------------------|---|---------------------------------------|--------------------------------|--|--|-------------------------------|-------------------------------|--------------|--|
| DOCUMENT # P93000082458 1. Corporation Name | | | | | 00 DEC - 9 AM 10: 17 | | | | | |
| REEL | FAST, 1 | NC. | | | | <u> </u> | | | | |
| Principal Place of Business Mailing Addr 4747 WOODWARD PLACE SARASOTA FL 34233 US WS Mailing Addr 4747 WOOD SARASOTA US | | | | DWARD PLACE | | | | | | |
| | | incorrect in any way, line th Address, If Applicable | | | and enter correction below. ddress, If Applicable | Date Incorporated or Qualified | | | | |
| Suite, Apt. #, etc. Suite, Apt. # | | | | etc. | | 5. FEI Number | ness in Florida | 12/02/1993 | _ | |
| City & State City & State | | | | | 65-0479241 | | Applied For Not Applicab | | | |
| Zip Country Zip Zip | | | Zip ' | | Country | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status | | | | |
| 7. Names a | and Street Ad | dresses of Each Officer and | 1/or Director (Fl | orida nonpro | fit corporations must list at le | ast 3 directors) | | | | |
| Title(s) | Name of Officers and/or Directors | | | 3 | Street Address of Each Officer and/or Director | | | | | |
| PD | - | EKE, ALLEN | | | 4747 WOODWARD PLACE | | SARASOTA FL 34233 | | | |
| VPTS DEERING, FRED A | | | | 88 N. C | CASEY KEY ROAD | OSPREY FL 34229 | | | | |
| | | | | | | 7 | 000035 -12/13/0 ****150 | 0001097007 | - | |
| 8. Name and Address of Current Registered Agent | | | | | | Name and Address of New Registered Agent | | | | |
| FULLER, WILLIAM J III 1530 CROSS STREET SARASOTA FL 34236 | | | | Street Address (| Street Address (P.O. Box Number is Not Acceptable) 1747 WGO D WARD PL Suite, Apt. #, Etc. 3ARASO44, FL, 34233 | | | | | |
| 10. I, beind | appointed th | ne registered agent of the at | ove named corp | oration, am | City familiar with and accept the c | obligations of Sect | ion 607.0505, F.S. | FL Zip Code | _ | |
| Signature o Registered | of | an Ro | REGISTERED A | | Sin and some time | <u>, </u> | | 30-00 | - | |
| this rein | nstatement ap | oplication, the reason for dis tion have been paid and the | solution has bee a names of indivi | n eliminated duals listed | o execute this application as , the corporate name satisfies on this form do not qualify for e legal effect as if made unde | the requirements an exemption un | of section 607.0401 or | 617.0401, F.S., that all fees | 1 | |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reel Fast,Inc. 4747 Woodward Place Sarasota, FL 34233 (941)922-6894 November 30, 2000 Pg. 2 or 2 -P93-80458

To the Revocation Office:

After receiving notice of dissolution of corporation, Reel Fast,Inc, I searched for the original notice and could not find it anywhere in my files. I do not believe I received it at the beginning of the year. I would like to get this taken care of at this time. Thank you.

Allen Rieke President

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