


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000084072
1. Corporation Name
 121 PALAFOX PLACE, INC.

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address 121 PALAFOX PLACE Suite, Apt. #, etc. SUITE C City & State PENSACOLA, FL Zip 32501 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
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4. Date Incorporated or Qualified To Do Business in Florida 12/03/1993	
5. FEI Number 59-3214871	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 DICKSON, BARRY E.	100004694121--6
Street Address (P.O. Box Number is Not Acceptable) 121 PALAFOX PLACE	11/27/01 01003 003 ***965.00 ***965.00
Suite, Apt. #, Etc. SUITE C	
City PENSACOLA	State FL Zip Code 32501

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 Barry E. Dickson Date 11/13/2001
 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
T.D	DICKSON, BARRY E.	121 PALAFOX PLACE Ste C	PENSACOLA, FL. 32501

96-01 UBR
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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: Barry E. Dickson Treasurer Date 11/13/2001 Daytime Phone # 850-438-2122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry E. Dickson

CR2001 (8/00)

121 PALAFOX PLACE, INC.
121 Palafox Place, Suite C
Pensacola, FL 32501

November 13, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

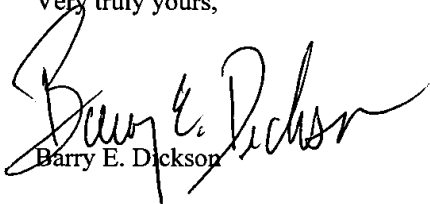
RE: APPLICATION FOR CORPORATION REINSTATEMENT

To Whom It May Concern:

Attached is the Application for Corporation Reinstatement along with our Check #1808 in the amount of **\$965.00**. We never received the necessary form for filing this return or any subsequent notices. Since filing the last Corporation Annual Report, our address has changed. Although we did file a change of address with the post office, we never received the form for filing this return or any subsequent notices. Therefore, we respectfully request that the reinstatement fee be waived.

We appreciate your attention to this matter.

Very truly yours,


Barry E. Dickson