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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

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

DOCUMENT # P94000001251

1. Corporation Name
1003 TRUMAN AVENUE, INC.

2. Principal Office Address	3. Mailing Office Address
1001 TRUMAN AVE.	1001 TRUMAN AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West Fl.	City & State: Key West Fl.
Zip: 33040 County: U.S.	Zip: 33040 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 1/05/94

5. FEI Number: 650307713 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Whitehead, Donald E.
Street Address (P.O. Box Number is Not Acceptable): 701 Spanish Main Drive
Suite, Apt. #, Etc.:
City: Cudjoe Key State: FL Zip Code: 33042

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: Donald E Whitehead Date: 6/4/02
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
PD	Whitehead, Donald	701 Spanish Main DR.	Cudjoe Key Fl. 33042

10. I certify that I am an officer or director of 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: Donald E Whitehead 6/4/02 800-249-7894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NJH

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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From:
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CORPORATION REINSTATEMENT

1003 TRUMAN AVENUE, INC.

Certificate of Status	1
Certified Copy	0
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