PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		Katherir Secretar	TMENT OF STATE ne Harris y of State orporations		SECRETARY OF STATE DIVISION CORPORATION 00 SEP 11 PM 2: 36	ls.
DOCUMENT # 1. Corporation Name	" P94 12er Co	0000672 arpentry	81 Inc.		~ 0.0/)
2. Principal Office Address 8365 Gleneagle Suite, Apt. #, etc.	3. Mailing Office Address 8365 Glan Suite, Apt. #, etc.	Gleneagle Way R		4. Date Incorporated or Qualified To Do Business in Florida		
City & State Naples F(. Zip Country Country Country Country		Naplos Fl. Zip Country 34120 Collier		5. FEI Number Applied For Not Applied For Not Applied For Not Applied For Not Applied For Applied For Not Applied For Applied For Not Applied For Not Applied For Applied For Not Applied For S8.75 Additional Fee required for a Certificate of Status		
Name George William Smith Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 7. Name and Address of Current Registered Agent Suite Address (P.O. Box Number is Not Acceptable) -09/27/0001072006 ***1050.00						
Naple 8. I, being appointed the register Signature of Registered Agent	red agent of the above	e named corporation, am f		bligations of section	FL 34/20 on 607.0505 or 617.0503, F.S. Date 8-29-00	CR2E081 (9/99)
9. Names and Street Addresses of Each Officer and/or Director (Flori Titles Name of Officers and/or Directors			fit corporations must list at le Street Address of Eacl Officer and/or Directo	h	City / State / Zip	
DWMr George		Smith 836	5 Gleneagle b		Naples F1. 34120	
			· .	30	0003406686 -09/27/0001072007 ******8.75 *******8.75	
this reinstatement applicatio	n, the reason for disso e been paid and the na	lution has been eliminated ames of individuals listed o	, the corporate name satisfier on this form do not qualify for	s the requirements an exemption und	pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicate	j
SIGNATURE: SIGNATURE	Leone (ITED NAME OF SIGNING OF	FICER OR DIRECTOR	8.2	9-00 353-7642 Date Daytime Phone #	

Daytime Phone #