PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR / REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P94000068411 DOCUMENT

8. Name and Address of Current Registered Age

1. Corporation Name

EY PROPERTIES, INC.

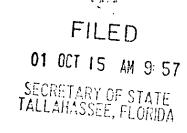
Principal Place of Business

Mailing Address

1050 N 24TH ST

JACKSONVILLE BEACH FL 32250

1050 N 24TH ST JACKSONVILLE BEACH FL 32250





If above addresses are	incorrect in any way, line t	hrough incorrect inforn	nation and enter correction below.			
2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida	09/16/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State		- 10 - 00 10 1004		
				5. FEI Number		Applied For
City & State				59-3281183		Not Applicable
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED		tional Fee required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 3 D KELLEY, SARA 1050 N 24TH ST JACKSONVILLE BEACH FL D KELLEY, MARTIN J 1050 N 24TH ST JACKSONVILLE BEACH FL ABRY, RUSH 1050 N 24TH ST JACKSONVILLE BEACH FL <u>400004640014--</u> -10/17/01--01067--024 ****750.00 ****750.00 400004640<u>01</u>4 -10/17/01--01067--025 *****8.75

RESTOR NO.						
ent	9. Name and Address of New Registered Agent					
	Name FRED L. AHERN, JR.					
	Street Address (P.O. Box Number is Not Acceptable) 2215 South Third Street,					
	Suite, Apt. #. Etc.					

101

Zip Code 3 2 2 5 0 State

10. I, being appointed the registered ag nt of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

BUSCHMAN, ALBERT E JR.

JACKSONVILLE BEACH FL 32250

2215 S. 3RD ST. STE. 101

REGISTERED AGENT MUST SIGN

Date 10-12-01

11. 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>(904) 246-</u>0504) 10-12-01

Daytime Phone #