

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000068761

1. Corporation Name

Breakaway Trails Holding Company of
Volusia County, Inc.

Principal Place of Business Mailing Address

2359 Beville Road 2359 Beville Road
Daytona Beach, FL 32119 Daytona Beach, FL 32119

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	9/14/94
City & State	City & State	5. FEI Number
Zip	Country	59-3278057
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3 (Do NOT Use Post Office Box Numbers)	4
D/P/T/S	Morteza Hosseini-Kargar	2359 Beville Road	Daytona Beach, FL 32119

REINSTATEMENT

97-99 TS 1/14/99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Morteza Hosseini-Kargar 2359 Beville Road Daytona Beach, FL 32119	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL Zip Code

OR2E040 (1986)

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

Signature of
Registered Agent

Morteza Hosseini-Kargar REGISTERED AGENT MUST SIGN

Date *1/13/99*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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.

Breakaway Trails Holding Company of Volusia County, Inc.

SIGNATURE

S. Hosseini-Kargar SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morteza Hosseini-Kargar, President

1/13/99

(904) 788-0820

Daytime Phone #