

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

1996 NOV -1 PM 3:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # P94000069149 (0)
 1. Corporation Name
SURVIVAL INC.

Mailing Address Principal Place of Business
16881 N.W. 82ND AVENUE MIAMI LAKES, FL 33016
16881 N.W. 82ND AVENUE MIAMI LAKES, FL 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Mailing Address, If Applicable
 3. New Principal Office Address, If Applicable
 Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE
 4. Date Incorporated or Qualified To Do Business in Florida
09/19/1994
 5. FEI Number
65-0523509
 6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	RICHARDS, GARTH M	16881 N.W. 82ND AVENUE	MIAMI LAKES, FL 33016
SDVP	RICHARDS, COLLINE	16881 N.W. 82ND AVENUE	MIAMI LAKES, FL 33016
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REINSTATEMENT *ad hoc*

8. Name and Address of Current Registered Agent
RICHARDS, GARTH M
16881 N.W. 82ND AVENUE
MIAMI LAKES, FL 33016

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code

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: *[Signature]* Date: **10-30-96**
 REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: COLLINE RICHARDS SECRETARY Date: **10-30-96** Daytime Phone #: **305-828-3588**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR