


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 MAY 13 PM 3:05 100055189481 05/24/05--01045--008 **1808.75	
DOCUMENT # P94000070191					
1. Corporation Name 4528 E. Columbus Drive, Inc.					
2. Principal Office Address 2001 E. Busch Blvd.			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tampa			City & State		
Zip FL	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number 65-0543971	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$5.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent					
Name Donice Allen					
Street Address (P.O. Box Number is Not Acceptable) 2001 E. Busch Blvd.					
Suite, Apt. #, Etc.					
City Tampa				State FL	Zip Code 33612
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 Donice Allen				Date 5/11/05	
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	
PSO	Donice Allen	2001 E. Busch Blvd		Tampa, FL 33612	
10. 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: Donice Allen		5/11/05		(813) 932-3997	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2ED01 (07/06)