


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
RECEIVED
TALLAHASSEE FLORIDA

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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

REINSTATEMENT 98-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0543971	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

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)(f), 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 Date: 5/11/05 (813) Daytime Phone #: 932-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (07/05)