

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
97 JAN 21 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072927

1. Corporation Name  
PURDUE & ASSOCIATES, INC.

Principal Place of Business: 1300 SAWGRASS VILLAGE CIRCLE SUITE 16 PONTE VEDRA BEACH FL 32082  
Mailing Address: 1300 SAWGRASS VILLAGE CIRCLE SUITE 16 PONTE VEDRA BEACH FL 32082

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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.		09/30/1994	
City & State		City & State		5. FEI Number 59-3206022	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	PURDUE, DANNY	PO BOX 331301 N/A	ATLANTIC BEACH FL 32233
VD	TROUTMAN, LEE	PO BOX 331301 N/A	ATLANTIC BEACH FL 32233
SD	<del>BATEO, ROBERT</del> TIM MERTZ	PO BOX 331301 N/A	ATLANTIC BEACH FL 32233
			200002067562--3 -01/24/97--01041--004 ****375.00 ****375.00
			DB-22-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SMITH, PARKER B 1300 SAWGRASS VILLAGE CIRCLE SUITE 16 PONTE VEDRA BEACH FL 32082		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. 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.)

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.

SIGNATURE: *DANNY PURDUE* *[Signature]* President 1/13/96 904-249-802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #