PLEASE READ ALL INSTRUCTIONS [illegible]

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 MAY -8 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Ref P94000088358 (4)

1. Corporation Name
2929, INC.
2929 N. A1A
Flagler Beach FL 32131

Mailing Address
P.O. Box 1724
FLAGLER BEACH
FL. 32136

Principal Place of Business
2929 North A1A
Flagler Beach
FL 32136

REINSTATEMENT 5-8-97

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
ABOVE
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida 12/05/1994

5. FEI Number 59-3285367 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES VP SEC TR	WALDRON D BUCKLEY SR	2929 NORTH OCEANSHORE BLVD	FLAGLER BEACH FL 32136

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-05703/97--01033--003
****923.75 ****923.75

5/8/1997

8. Name and Address of Current Registered Agent
AL MILANICK

9. Name and Address of New Registered Agent
Name: AL MILANICK
Street Address (P.O. Box Number Is Not Acceptable): P.O 7250 SOUTH OCEANSHORE BLVD
Suite, Apt. #, Etc.: South Highway A-1-A
City: ST AUGUSTINE | State: FL | Zip Code: 32086

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 5/10/97
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 [X] (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: [signature] AL MILANICK 5/10/97 904 2958718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #