PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR. Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 98 JUN 16 PM 3: 55 SECRETARY D. STATE TALLAHASSEF, FLORIDA Principal Place of Business 2714 FOREST VIEW FL. 34744 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address. If Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. 5. FEI Number Applied For City & State Not Applicable City & State Country CERTIFICATE OF STATUS DESIRED Zip Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip and/or Directors Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) 2714 FOREST VICE 1e25. EL. 34744 MR 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name A. BLACKWELL 2714 FOREST VIEW LANE Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34744 Suite, Apt. #, Etc. Zip Code 1003 MORDL CENTER ANG, KISSIMMER FL 34741 10. I, being appointed the registered agent of the above named corporation, an timiliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent X REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🖾 Intangible Personal Property tax due June 30. 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 filling 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 BLACKWELL 6.12.98 (407) 932 ( SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



LICENSED & INSURED

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE FL 32314 6/14/98

Dear Sir,

By sheer accident I noticed on the Internet that our Company was registered "in active". I immediately contacted my Accountant who deals with most of our Company money matters, and who's address (1003 North Central Avenue, Kissimmee Fl.34741). He explained that he hadn't received any notification of filling charges for 1996 '97 & '98. He suggested calling Secretary of State (850 488 9000). After explaining this to your representative, he suggested we send a check for \$515.00 to cover 1996 '97 & '98 filing fees with this covering letter.

Once again we didn't receive any notification from your goodselves, but will obviously keep "tabs" on this in the future.

Please note we are using our own address in the future correspondence.

Yours sincerely

R. A. BLACKWELL