


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000038635

1. Corporation Name

Curtis Rawland Corporation

REINSTATEMENT **B**

96-01

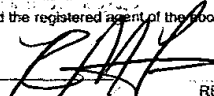
2. Principal Office Address		3. Mailing Office Address	
3665 Bee Ridge Rd		3665 Bee Ridge Rd.	
Suite, Apt. #, etc. Suite 312		Suite, Apt. #, etc. Suite 312	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34233	Country USA	Zip 34233	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	05/15/1995
5. FEI Number	65-0631093
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name	Richard M. Fischer
Street Address (P.O. Box Number is Not Acceptable)	3665 Bee Ridge Rd
Suite, Apt. #, Etc.	Suite 312
City	SARASOTA
State	FL
Zip Code	34233
800004694848-7	
11/27/01-01038-014	
***1500.00 ***1500.00	

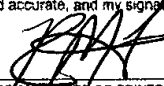
8. By being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 10/30/01

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
D-	Richard M. Fischer	3665 Bee Ridge Rd. Suite 312	SARASOTA FL 34233

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:  Richard M. Fischer 10/30/01 941-929-0846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #