


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064689
1. Corporation Name
POCOTOPAUG INVESTMENT, INC.

REINSTATEMENT 02.03

100023958861
10/21/03--01010--023 **\$900.00

2. Principal Office Address <u>1315 Cleveland St.</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Clearwater FL</u>		City & State	
Zip <u>33755</u>	Country <u>US</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>8/17/95</u>	
5. FEI Number <u>593334085</u>	Applied For <input type="checkbox"/> 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 <u>Mark E. PANA</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>334 So. Hyde Park Ave</u>		
Suite, Apt. #, Etc. <u>444</u>		
City <u>Tampa FL</u>	State <u>FL</u>	Zip Code <u>33606</u>

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/15/03

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	James Dale	301 Brickell Key Dr.	Miami, FL 33131
D	G. R. Tatum	301 Brickell Key Dr.	Miami FL 33131

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:

[Signature]

G. Robert Tatum 10/15/03 786 425-0811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E01 (10/02)

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