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
98 MAR -3 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000007453

1. Corporation Name
LINE SWEEPERS, INC.

000002452170--0
-03/10/98--01046--002
****908.75 ****908.75

REINSTATEMENT 97-98

Principal Place of Business
6290 BUCKINGHAM RD.
FT. MYERS, FL. 33905

Mailing Address
6290 BUCKINGHAM RD.
FT. MYERS, FL. 33905

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

2. New Principal Office Address, if applicable: 13468 Palm Bch Blvd
Suite, Apt. #, etc: Ste. C
City & State: Ft. Myers, FL
Zip: 33905 Country:

3. New Mailing Office Address, if applicable: 13468 Palm Bch. Blvd.
Suite, Apt. #, etc: Ste. C
City & State: Ft. Myers, FL
Zip: 33905 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01/24/96

5. FEI Number: 65-0657097 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	JAMES K. RICHARDSON	~~6290 BUCKINGHAM RD.~~	~~FORT MYERS, FL. 33905~~
		13468 Palm Bch. Blvd Ste. C	Ft. Myers, FL 33905
		per James Richardson 3/3/98 - change address	
			per James Richardson

8. Name and Address of Current Registered Agent
ALAN L. GABRIEL
2455 E. SUNRISE BLVD.
PENTHOUSE EAST
FT. LAUDERDALE, FL. 33304

9. Name and Address of New Registered Agent
Name: James K. Richardson
Street Address (P.O. Box Number Is Not Acceptable): 13468 Palm Bch. Blvd.
Suite, Apt. #, Etc: Ste. C
City: Ft. Myers State: FL Zip Code: 33905

CR2E040 (12/96)

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: 2-2-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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.

2-2-98

SIGNATURE: James K. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-23-98 Daytime Phone #: 941-694-1526