
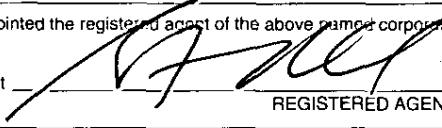
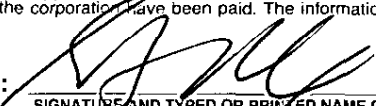


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> APPROVED AND FILED </div> <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> 01 DEC 28 AM 9:12 </div> <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # P96000015148					
1. Corporation Name D & S OF COLUMBIA COUNTY, INC.					
Principal Place of Business 4490 US Hwy 90 W. Lake City, FL 32055		Mailing Address P.O. Box 3655 Lake City, FL 32056			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">2/19/96</div>	
5. FEI Number 59-3372550				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)					
1	2	3	4		
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/	Steven Behrenwald	4490 US Hwy 90 W.	Lake City, FL 32055		
VP/ST D	Debra Behrenwald	4490 US Hwy 90 W.	Lake City, FL 32055		
			300004791613--2 -01/23/02--01056--001 *****900.00 *****900.00		
			300004791613--2 -01/23/02--01056--002 *****8.50 *****8.50		
8. Name and Address of Current Registered Agent Steven Behrenwald 4490 US Hwy 90 W. Lake City, FL 32055					
9. Name and Address of New Registered Agent Name 300004791613--2 Street Address (P.O. Box Number is Not Acceptable) -01/23/02--01056--003 Suite, Apt. #, Etc. *****0.25 *****0.25 City FL State FL Zip Code					
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  Date 12/28/01 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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:  Steven Behrenwald 12/28/01 386-755-8838 <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div style="text-align: right;">Date Daytime Phone #</div>					

CR2E040 (12/95)