
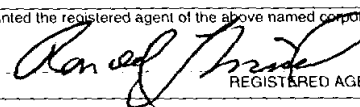
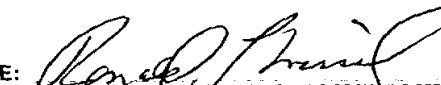


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  99 JUN -3 AM 11:10  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>P96000026630</b>					
1. Corporation Name <b>AUNT E'S MANAGEMENT COMPANY</b>					
Principal Place of Business  <b>202 HEATHERPOINT DR LAKELAND FL 33809</b>			Mailing Address <b>(same)</b>		
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 Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida <b>26 MAR 1996</b>  5. FEI Number <b>59-3270714</b> 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
<b>PRES</b>	<b>RONALD L. TRISSEL</b>	<b>202 HEATHERPOINT DR</b>	<b>LAKELAND FL 33809</b>		
<b>SEC</b>	<b>BARBARA J. TRISSEL</b>	<b>202 HEATHERPOINT DR</b>	<b>LAKELAND FL 33809</b>		
<b>TREAS</b>	<b>DAVID YORK</b>	<b>2206 FREDERICA ST</b>	<b>OWENSBORO KY 40301</b>		
<b>REINSTATEMENT 97-99 ITS</b>					
8. Name and Address of Current Registered Agent  <b>RONALD L. TRISSEL 202 HEATHERPOINT DR LAKELAND FL 33809</b>			9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>200002905912--6</b> Suite, Apt. #, Etc. <b>-06/16/99--01004--013</b> City <b>***1058.75 ***1058.75</b> <b>FL</b>		
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 <b>5/29/99</b> REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information or 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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RONALD L. TRISSEL</b>			<b>29 MAY 99 941-859-4535</b> Daytime Phone #		

CR2001 (12/98)