

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -2 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058066

1. Corporation Name

SINGLETON ASSOCIATES, INC
119 RAYMOND OAKS COURT
ALTAMONTE SPRINGS, FL 32701

2. Principal Office Address

119 RAYMOND OAKS COURT

3. Mailing Office Address

119 RAYMOND OAKS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS

City & State

ALTAMONTE SPRINGS

Zip

32701

Country

SPRINGFL

Zip

32701

Country

SPRINGFL

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 8, 1996

5. FEI Number

59-3396344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEFF SINGLETON

600004219456-7

Street Address (P.O. Box Number is Not Acceptable)

119 RAYMOND OAKS COURT

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32701

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

REGISTERED AGENT MUST SIGN

Date 4/10/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofessional 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

President JEFF SINGLETON

119 RAYMOND OAKS
COURT

ALTAMONTE SPRINGS
FLORIDA 32701

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JEFF SINGLETON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01 407-260-6219

Daytime Phone #

CR2E081 (9/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 19, 2001

SINGLETARY & ASSOCIATES, INC.
119 RAYMOND OAKS COURT
ALTAMONTE SPRINGS, FL 32701

SUBJECT: SINGLETARY & ASSOCIATES, INC.
Ref. Number: P96000058066

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following:

Please list the title(s) of each officer in your document.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 401A00022623

Completed
President