

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 JUL 15 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000-2002

4. Date Incorporated or Qualified
To Do Business in Florida 12/06/96

5. FEI Number 593429260
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
WILLIAM E. LOFTUS
Street Address (P.O. Box Number is Not Acceptable)
1258 Dinnerbell Lane
Suite, Apt. #, Etc.
City
DUNEDIN
State
FL
Zip Code
34698

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 *William E. Loftus*
REGISTERED AGENT MUST SIGN
Date 12 July 2002

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
PRES	WILLIAM E. LOFTUS	1258 Dinnerbell Lane	Dunedin, FL 34698
SEC. & TRS.			

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: *William E. Loftus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12 July 2002
Daytime Phone # 727-639-2127