

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 AM 11:00

DOCUMENT # 97000043709

1. Corporation Name
Easy Running, Inc.

2. Principal Office Address
1101 N. Bay St.

Suite, Apt. #, etc.

City & State
Eustis, FL

Zip 32726 Country USA Zip Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida 5/16/97

5. FEI Number
593452964 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
John M. Hartzell

200003524512-3

01/05/01 01021 006

****300.00 ****900.00

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

1101 N. Bay St.

Suite, Apt. #, Etc.

City
Eustis

State FL Zip Code 32726

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

John M. Hartzell

Date December 22, 2000

CRE081 (9/99)

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
P/T	John M. Hartzell	37114 Slice Ln.	Grand Island, FL 32735
VP/S	Terry A. Squillante	34825 Marshall Rd.	Eustis, FL 32736

12/22/00

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: *Terry A. Squillante* Sec. 12-22-00 352-357-203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #