

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAR -7 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000085232					
1. Corporation Name ANTHONY & COLLEEN HARDY INC.					
2. Principal Office Address 6630 CORAL COVE DR Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 59/3567034	
City & State ORLANDO, FL		City & State 		5. FEI Number 59-3567034	
Zip 32818	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name HARDY, ANTHONY					
Street Address (P.O. Box Number is Not Acceptable) 6630 CORAL COVE DR					
Suite, Apt. #, Etc.					
City ORLANDO					
		State FL		Zip Code 32818	
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 _____				Date 2/28/2005	
REGISTERED AGENT MUST SIGN					
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		
D	HARDY, ANTHONY	6630 CORAL COVE DR	ORLANDO, FL 32818		
D	HARDY COLLEEN	6630 CORAL COVE DR	ORLANDO, FL 32818		
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: <i>[Signature]</i>		Date 3/1/05		Daytime Phone # 407-578-8292	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Robinson and Robinson Inc.

February 28, 2005

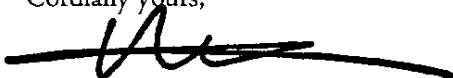
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that ANTHONY & COLLEEN HARDY INC., did not receive any prior notices or information pertaining to the Annual Corporate Reports for the year (2002), (2003), (2004) and (2005). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933. Document #P97000085232. Enclosed is \$600.00 for said years.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson