PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State 1998+1999 AR DIVISION OF CORPORATIONS DOCUMENT # P97000100884 U-Rick INN, INCOMPONENT Altamonte Springs, FL 32716 Principal Place of Business P.O. BOX 160517 745 OVIENTA AVE. ALTAMONTE SPUNGS Suite # 1011 32716-0517 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified
 To Do Business in Florida 11/24//997 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #. etc. Suite, Apt. #. etc. 5. FEI Number 65-0796991 City & State City & State ZID CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
3 (Do NOT Use Post Office Box Numbers)

1184 Deep Lake Lime Afofka, FL 32712 Title(s) TERRY W. PYLE 500002769605---8 -02/09/99--01063--007 ****300.00 ****300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent AMY K. Pyle 1184 DeeR LAKE circle Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc APOPKA, FL 32712 State | Zip Code 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. TEGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 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 filting this reinstalement 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 SIGNATURE:

January 29, 1999

Division of Corporations P.O. Box 6327 Tallahassee FL 32314

SUBJECT: U-ROCK INN, INCORPORATED, FEI Number 65-0796991

Dear Gentlemen,

U-Rock Inn P.O. Box 160517 Altamonte Springs, FL 32716

As President of a small business named U-ROCK INN, INCORPORATED I need your help. The U-ROCK INN was incorporated on 11/24/97 and did not open for business until 6/6/98. My original Articles of Incorporation only included the physical address of the business and I was forced to secure a P.O. Box as the mailing address due to the lack of mail receptacles being available to receive mail at the physical address. As a result of my new P.O. Box mailing address I was not able to receive mail from your office and as a result my corporate status was dissolved.

Since opening I have been diligent in paying all associated state taxes under my FEI Number 65-0796991 and doing my best to grow a business that has ten employees depending on it for their livelihood.

I take full responsibility for not filing a \$0 annual report for 1997, but to be honest I didn't think it was necessary given that I did not open for business until June of 1998. My mistake!

I respectfully request that you reinstate my corporate status and have enclosed two checks for \$150.00 each for my 1998 and 1999 corporation fees. I have also included my physical address and mailing address on the attached application for reinstatement. We are a family owned small corporation with limited resources and would greatly appreciate your cooperation in this matter.

Best Regards,

Terry W. Pyle President

U-ROCK INN, INCORPORATED

P.O. Box 160517

Altamonte Springs, FL 32716

U-Rock Inn P.O. Box 160517 Altamonte Springs, FL 32716