

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 NOV 30 AM 9:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000049212

1. Corporation Name
 The Albany Connection, Inc.

Principal Place of Business Mailing Address
 2711 First Street same
 Ft. Myers, FL 33901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 1415 Dean St. Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable 1415 Dean St. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 6/2/98
City & State Ft. Myers, FL	City & State Ft. Myers, FL	5. FEI Number 65-0889960
Zip 33901	Country USA	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, VP, S	Bruce Farrell	2711 First Street Ft. Myers, FL 33901 1415 Dean St.	Ft. Myers, FL, 33901
T, D	David Carlisle	1608 N. Mayfair Rd.	Ft. Myers, FL 33919
P, S	Jim Crane	1470 Ricardo Ave.	Ft. Myers, FL 33901
			600003065256--8 -12/09/99--01051--010 ***750.00 ***750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent Bruce Farrell 1415 Dean Street Ft. Myers, FL 33901	9. Name and Address of New Registered Agent Name: Bruce Farrell Street Address (P.O. Box Number is Not Acceptable): 1415 Dean St. Suite, Apt. #, Etc.: City: Ft. Myers, State: FL Zip Code: 33901
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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.
 Signature of Registered Agent: *Bruce Farrell* Date: 11/19/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

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 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: *[Signature]* 11/18/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREC001 (12/98)