


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 SEP -7 PM 1:05 SECRETARY OF STATE 400059381504 09/07/05--01010--016 **1058.75	
DOCUMENT # 198000050959					
1. Corporation Name PARTNERS RESOLUTION CORP.					
2. Principal Office Address 14701 N. U.S. Hwy #1 Suite, Apt. #, etc. #26 City & State JUND BCH. Zip 33408		3. Mailing Office Address Box 240 177 N. U.S. Hwy #1 Suite, Apt. #, etc. Box 240 City & State TEQUESTA FLA. Zip 33469		4. Date Incorporated or Qualified To Do Business in Florida 6/8/98 5. FEI Number 650841595 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name LARRY E. WRIGHT					
Street Address (P.O. Box Number is Not Acceptable) 11 DEWITT PLACE					
Suite, Apt. #, Etc.					
City TEQUESTA					
State FL					
Zip Code 33469					
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 [Signature] Date 8/30/05 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		
DPTS	LARRY E. WRIGHT	11 DEWITT PLACE	TEQUESTA, FL. 33469		
DV	JAMES COTE	P.O. Box 1556 HAMILTON MT. 59840	HAMILTON, MT. 59840		
DV	LOUIS E. VOGT	2608 WOODBURY COVE	LOWLWOOD, FL. 32779		
DV	WILLIAM T. HUGHES	2895 FONTENAY RD.	SHAKER HEIGHTS, OH. 44120		
DV	GREGORY L. EDLZ	420 CLINTON	RIVER FOREST, IL. 60305		
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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		LARRY E. WRIGHT		Date 8.30-05	
				Daytime Phone # 561-602-9911	

CRZE081 (01/05)