

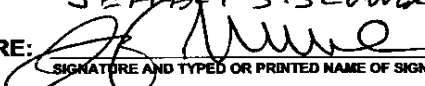


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 98000059016			
1. Corporation Name SCHUMAKER & ASSOCIATES			
2. Principal Office Address 2956 WENTWORTH WAY		3. Mailing Office Address 2956 WENTWORTH WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TARPON SPRINGS, FL		City & State TARPON SPRINGS, FL	
Zip 34688	Country PINELLAS	Zip 34688	Country PINELLAS
4. Date Incorporated or Qualified To Do Business in Florida 1988		5. FEI Number 59-3530273	
<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name JEFFERY S. SLOWOROVE			
Street Address (P.O. Box Number is Not Acceptable) 2956 WENTWORTH WAY			
Suite, Apt. #, Etc.			
City TARPON SPRINGS		State FL	Zip Code 34688
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 9/8/05	
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
P	JEFFERY S. SLOWOROVE	2956 WENTWORTH WAY	TARPON SPRINGS FL 34688
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: 		9/8/05 727-945-9677	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

I REQUEST WAIVING OF \$600.00 REINSTATEMENT
FEE - ANNUAL REPORT SENT TO WRONG ADDRESS