


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

02 JUN -3 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P98000069741

1. Corporation Name
KELLY T. MCGHEE, FARRIER SERVICE, INC.

2. Principal Office Address 478 SWEETWOOD WAY	3. Mailing Office Address P.O. BOX 691
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WELLINGTON, FL	City & State LOXAHATCHEE, FL
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Zip 33414	Country USA	Zip 33470	Country USA
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4. Date Incorporated or Qualified To Do Business in Florida 8/6/1998	
5. FEI Number 65-0854286	Applied For 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
KELLY T. MCGHEE

Street Address (P.O. Box Number is Not Acceptable)
478 SWEETWOOD WAY

Suite, Apt. #, Etc.

City
WELLINGTON

State
FL

Zip Code
33414

~~80000576578~~ 3
-06/13/02--01067-006
***150.00 *** 150.00

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 *Kelly T. McGhee* Date 05/24/02

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	MCGHEE, KELLY T.	478 SWEETWOOD WAY	WELLINGTON, FL. 33414

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: *Kelly T. McGhee* 05/24/02 (501) 379-9128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

Attachment
Document # p9800069741



KELLY MCGHEE FARRIER SERVICE INC 03/01
P O Box 691
LOXAHATCHEE, FL 33470

769907 1002

63-8735/2870
BRANCH 8

DATE 04/30/01

PAY One hundred fifty dollars and ⁰⁰/₁₀₀ DOLLARS \$ 150.00
TO THE ORDER OF Dept. of State 040315437 1693 1410 18 05-25-01



FIDELITY
FEDERAL
BANK & TRUST

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Kelly McGhee

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796