PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 HAY -5 AN 10: 45
DOCUMENT # P98000687963 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
CROUND HOTS, INC		,
0 1 1 0 1	ng Office Address 20 Awonca Lu 1. #. etc.	
3	_	-4. Date Incorporated or Qualified To Do Business in Florida 6 1 \(\nu \) 958
City & State Fort Myons, FL Fo	of Myen FL	5. FEI Number Applied For Not Applied Del
3391~ Country Zip	39/2 Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name CARY B. LYNCH 200036281022 05/14/0401004003 **150.00		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc. 05/14/0401004004 **150, 00		
For Means State Zip Code FL 339/2		
Signature of Registered Agent PREGISTERED AGENT MUST SIGN 1, 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. Date PREGISTERED 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 Eac Officer and/or Director	h City / State / Zip
Pres CARY B. LYNCH	2120 ANDRE	Love Fort Myers, FZ 339/-
VP aregory D. Holmes	18414 Tulip 1	ROAD Fort Myers Fe 338/L
ST Robert Callaghen	2120 ANDREA	LANC FORT MACLS PL 339/2
	ng pig ang ga at his granders are granders are and decree the first pro-	2.2
HEII STAILMENT 65-01		
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 filling 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 AND TYPED OF PRINTED NAM	OF SIGNING OFFICER OR DIRECTOR	4.29.04 Date Daytime Phone #
/ /		

popular

WJW Limited, Inc.

Financial & Tax Consultants

16150 Bayside Pointe East #1908 Fort Myers, FL 33908 Phone: (239) 826-3660

April 22, 2004

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314
Re: Ground Hogs, Inc.
Document P98000087903
FEIN 65-0870296

Dear Sir or Madam:

Please waive the normal reinstatement fee for Ground Hogs, Inc. as they never received their annual report last year due to a change of address. The Corporations Officer's were involved in a reorganization of their principal business and this report was not filed because the Attorney that was involved in making sure this report was prepared was no longer on retainer.

Enclosed are a check for 2003 and 2004 fillings and a \$100 to hopefully cover the reinstatement fees. Three checks for \$150, \$150 and \$100 are therefore enclosed. We appreciated your consideration in this matter.

Sincerely Yours,

William J. Wilcop, Jr.

President