CAPITAL CONNECTION → 850 222 1222 01/13 '00-09:02 NO.455 04/04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ / ~~REINSTATEMENT~~

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

99-00AR

FILED
00 JAN 14 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107565

1. Corporation Name
Tibsen + Fair, Inc.

2. Principal Office Address	3. Mailing Office Address
4114 Herschel Street	4114 Herschel Street
Suite, Apt. #, etc. Suite 108	Suite, Apt. #, etc. Suite 108
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32210 Country Duval, USA	Zip 32210 Country Duval, USA

4. Date Incorporated or Qualified To Do Business in Florida: December 29, 1998

5. FEI Number: 74-2925723 (Applied For / Not Applicab)

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee requ for a Certificate of Statu

7. Name and Address of Current Registered Agent

Name: Thomas Nesbitt, Jr
Street Address (P.O. Box Number is Not Acceptable): 4114 Herschel Street
Suite, Apt. #, Etc: Suite 108
City: Jacksonville, Florida
State: FL Zip Code: 32210

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 X _____ Date 1-13-00
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
DPS	Thomas Nesbitt, Jr.	4114 Herschel St #108	Jacksonville, FL 32210

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****209.75 ****308.75

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: X _____ 1-13-00 904-281-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE