

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

Ps/10/2

DOCUMENT # **P99000000029**

99 OCT 25 AM 8:55

1. Corporation Name
SUSEH SERVICES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
853 CANTERBURY DR. LAKE MARY FL 32746



4-23-99 90208 043

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/1998	
City & State		City & State		5. FEI Number	
Zip		Country		522140231	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
President	Troy Guinyard	853 Canterbury dr	Lake Mary, FL 32746
CEO	Daniel Weaver	1109 Zimmerman Lane	Austin, TX 78726

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TAYLOR, HOWARD 7631 S.W. 1ST STREET MARGATE FL 33068		Name: Troy Guinyard Street Address (P.O. Box Number is Not Acceptable): 853 Canterbury dr. Suite, Apt. #, Etc.: City: Lake Mary State: FL Zip Code: 32746	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Howard Taylor* Date: 10/15/99

REGISTERED AGENT MUST SIGN

11. 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)(l), 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: *Troy Guinyard* Date: 10/15/99 (407) 323-7702
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR22640 (8/99)

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To whom it may concern,

I confirmed that you have already received my fees. I needed to complete this form. Now that everything is completed, please let me know all is O.K.

Thanks

H. Taylor