PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P9900003253 DOCUMENT #

1. Corporation Name

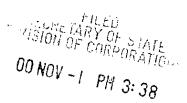
CHARLES R. FOSTER, INC.

Principal Place of Business

Mailing Address

430 WINCHESTER RD

430 WINCHESTER RD



Daytime Phone #

0016806

SATELLITE BEACH FL 32937			SATELLITE BEACH FL 32937							
4 . b		for the second s	- Marayah ingganah in	-formation a	nd enter correction below	REINS	TATEME			
it above a 2. New Pri	ncipal Office	Address, If Applicable			nd enter correction below. Idress, If Applicable	Date Incorporated or Qualified				
				Suite, Apt. #, etc.		To Do Business in Florida 01/11/1999				
						5. FEI Number Applied For			pplied For	
City & State	9		City & State	City & State		59-3552482			lot Applicable	
Zip Country			Zip		Country	CERTIFICATE OF STATUS DESIRED for a Certificate		al Fee required ate of Status		
7. Names	and Street Ac	Idresses of Each Officer	and/or Director (Flo	orida nonpro	fit corporations must list at le					
Title(s) Name of Officers and/or Directors				Street Officer		ch or City / State / Zip 4				
D	FOSTER, CHARLES R			430 WINCHESTER RD			SATELLITE BEACH FL 32937			
			<u>-</u>							
						ž	0000034	7987 0-9824	25 -013	
							****(5)) <u>, ((()</u> ***	*750.00	
				19 115						
						(2)				
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
				-	Name				Ş	
FOSTER, CHARLES R					Street Address (P.O. Box Number is Not Acceptable)			949		
430 WINCHESTER RD SATELLITE BEACH FL 32937					Suite, Apt. #, Etc.					
					City . State Zip Code					
10. I, bein	g appointed t	he registered agent of the	e above named corp	oration, am	familiar with and accept the	obligations of Sec	tion 607.0505, F.S.		ļ	
Signature of Registered		Marlin (- fo	Car	EQUIRED		Date /0/20/	00		
	•		REGISTERED AC	SENT MUS	I SIGN					
this rei	nstatement ap	oplication, the reason for ition have been paid and	r dissolution has been d the names of individ	n eliminated duals listed	o execute this application as , the corporate name satisfie on this form do not qualify fo e legal effect as if made und	s the requirement or an exemption ur	s of section 607.0401 or	617.0401, F.S., t	nat all tees	
		/) //		,					Į	