PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ATX1

CORPORATION REINSTATEMENT

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

FILED
02 JUN 25 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****450.00 ****450.00

DOCUMENT #

1. Corporation Name
A1A SURFSIDE PRINTING & BLUEPRINTS, INC
P99000017906

2. Principal Office Address	3. Mailing Office Address
1250 BEACH BLVD.	1250 BEACH BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE BEACH, FL	City & State: JACKSONVILLE BEACH
Zip: 32250 Country: USA	Zip: 32250 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/19/99

5. FEI Number: 52-2156827 (Applied for / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X (Additional Fee Required. See Instructions for Amount.)

7. Name and Address of Current Registered Agent

Name: REASA PABST
Street Address (P.O. Box Number is Not Acceptable): 1194 Ponte Vedra Blvd.
Suite, Apt. #, Etc.:
City: Ponte Vedra Beach State: FL Zip Code: 32082

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: Reasa E Pabst (REGISTERED AGENT MUST SIGN) Date: 6-24-02

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

Title	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	City / Street / Zip
P	Reasa Pabst		1194 Ponte Vedra Blvd.	Ponte Vedra Beach FL. 32082

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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: Reasa E Pabst (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 6-24-02 (Date) 904-246-9162 (Daytime Phone #)

June 24, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a completed corporation reinstatement form for A1A Surfside Printing & Blueprints, Inc. and our check number 3576 in the amount of $450.00 for the yearly fees. I would like to request an abatement of the reinstatement fee. The principal and mailing addresses listed of 228 6th Avenue South, Jacksonville Beach are incorrect. When I started my business, I originally planned to lease the space at this address and apply for rezoning with the city. However, the address in question could not be rezoned for a printing company. Therefore, the correct address at this time is 1250 Beach Boulevard, Jacksonville Beach, FL 32250. I thought that I filed an address change with the state at that time but I have never received any annual report forms from the state at either this address or at the address of the registered agent, 1194 Ponte Vedra Blvd., Ponte Vedra Beach, FL 32082.

Please review the enclosed forms and information and let me know if there is anything else I need to do. Thank you for you help.

Sincerely,

Reasa Pabst

Reasa Pabst
President

Enclosures

A1A Surf Side Printing & Blueprints Inc.
1250 Beach Blvd. ○ Jacksonville Beach, FL 32250 ○ 904/246-9162 ○ Fax 904/241-7249