


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

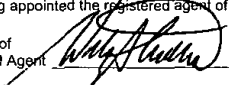
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000018882	
1. Corporation Name Tanglewood Oaks, Inc.	
2. Principal Office Address 600 Cowboy Way East Suite, Apt. #, etc.	3. Mailing Office Address P.O. Box 460 Suite, Apt. #, etc.
City & State LaBelle, Fl. 33935	City & State LaBelle, Fl. 33975
Zip 33935	Country 33975
4. Date Incorporated or Qualified To Do Business in Florida 02-26-99	
5. FEI Number 65-0898778	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name William A. Marcotte	
Street Address (P.O. Box Number is Not Acceptable) 1289 Ivan Blvd.	
Suite, Apt. #, Etc.	
City LaBelle,	State FL
Zip Code 33935	

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:  Date: Sept. 12, 2001

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
P/D	Allen, Kim E.	2160 Highway 27	Clewiston, Fl. 33440
V/D	Polhill, Frank S.	497 Caloosa Estates Dr.	LaBelle, Fl. 33935
S/D	Kinney, Kenneth E. Jr.	P.O. Box 672	LaBelle, Fl. 33975
T/D	Marcotte, William A.	1289 Ivan Blvd.	LaBelle, Fl. 33935

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 have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Marcotte

Date

9/12/01

Daytime Phone #

863-675-4300

CR2E081 (9/00)