|   | DI EASE DEAD   | ALL INICT          |  | BEEODE (   | OMDI ETI  | NG THIS FO                          | DM.                        | _                       |
|---|--|--------------------|--|--|---|-------------------------------------|----------------------------|-------------------------|
| RE N  | PLEASE READ<br>PLICATION<br>A PLANTAGE OF THE PLANTA | FLORID             | A DEPARTMEN  Katherine Ha  Secretary of S  IVISION OF CORPOR | NT OF STATE<br>I <b>rris</b><br>tate   | <u> </u>  | FILEU<br>CRETARY OF<br>10% OF CORPO |                            | Ø                       |
| 1. Corporat   |  | 00300              | 15   |  |   | OCT 26 PM                           |                            |                         |
|   |  |                    | oddress<br>IT COVE DRIVE SOUTH<br>VILLE FL 32259             |  |   |                                     |                            |                         |
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili Suite, Apt. #, etc. Suite, Apt. #, |  |                    | ing Office Address, If Applicable                            |  | Date Incorporated or Qualified     To Do Business in Florida     03/29/1999     |                                     |                            |                         |
| City & State  | S.R.13 N-St-10   | City & State       | City & State   |  | 59-3570716 Applied For Sq-3570716 Not Applied For CERTIFICATE OF STATUS DESIRED |                                     | Applied For Not Applicable |                         |
|   | and Street Addresses of Each Officer an Name of Officers   | d/or Director (Flo | Stre   | et Address of Eac  | ast 3 directors)  |                                     | Cit. / Cit. / Cit.         |                         |
| PD  | 2 and/or Directors SHERWOOD, LISA LENORA   |                    | 3 Officer and/or Director 1214 FRUIT COVE SOUTH              |  | or .  | JACKSONVILLE FL 32259               |                            |                         |
| STD   | MORRIS, SAMMY  | 9532 103RD STREET  |  |  | JACKSONVILLE FL 32210   |                                     |                            |                         |
|   |  |                    |  |  | <u>8</u> 1  | 000034<br>-11/09/<br>****15         | 000111                     | 586<br>5005<br>**150.00 |
|   | 8. Name and Address of Curren  |                    |  | 9. Name and Address of New Registered Agent  |   |                                     |                            |                         |
| NIPPER, JAMES L<br>200 WEST FORSYTH STREET, SUITE C6<br>JACKSONVILLE FL 32202   |  |                    |  | Name Renald A. Mc Bride, EA  Street Address (P.O. Box Number is Not Acceptable)  300 Oscepta Avenue  Suite, Apt. #, Etc. |   |                                     |                            |                         |

JA City

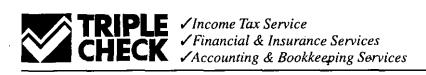
JACKSONUILE BEACH

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

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 filling 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.



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

October 23, 2000

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

Re: Profit Corporation Annual Report

Document P99000030015 - Sherwood-Morris, Inc.

Dear Sir/Madam.

Please see the attached Uniform Business Report for our client listed above. We are requesting that you accept her Application For Reinstatement and her payment of \$150.00, for the year 2000.

Ms. Sherwood, President of the above Corporation, did not receive her report for the 2000 registration period. She has only received the enclosed Application notice. Ms. Sherwood has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely. She has not changed addresses and does not understand why she did not receive any information before this time.

Thank you for your help and consideration with this matter. Please contact me if you-have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Check #1789

Application For Reinstatement