
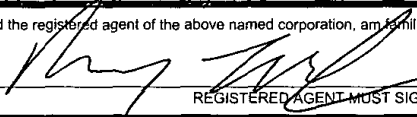



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000033336			
1. Corporation Name RAYMOND L. ROACH, INC.			
2. Principal Office Address ROUTE 27 BOX 606 Suite, Apt. #, etc.		3. Mailing Office Address (SAME) Suite, Apt. #, etc.	
City & State LAKE CITY, FL.		City & State	
Zip 32024	Country COLUMBIA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 2000		5. FEI Number 65-0907912	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
6.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name RAYMOND L. ROACH			
Street Address (P.O. Box Number is Not Acceptable) ROUTE 27 BOX 606			
Suite, Apt. #, Etc.			
City LAKE CITY, FL.		State FL	Zip Code 32024
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 9-7-01	
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	RAYMOND L. ROACH	ROUTE 27 BOX 606	LAKE CITY, FL. 32024
V	EDNA ROACH	ROUTE 27 BOX 606	LAKE CITY, FL. 32024
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: 		Date 9-7-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 386-719-9177	

CR2E081 (9/00)