


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 OCT 12 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034213

1. Corporation Name
Account Representatives Inc. DBA Southern Homes

400060572734
10/13/05--01027--003 **750.00

2. Principal Office Address <u>169 South Beach Dr.</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>169 South Beach Dr.</u> Suite, Apt. #, etc.
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REINSTATEMENT 01-05
CR2E081 (8/05)

City & State <u>St. Augustine FL</u>	City & State <u>St. Augustine FL</u>
Zip <u>32084</u>	Zip <u>32084</u>
Country <u>USA</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>4/14/1999</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <u>59-3664275</u>		
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 <u>Sally Vermeulen</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>169 South Beach Dr.</u>		
Suite, Apt. #, Etc.		
City <u>St. Augustine</u>	State <u>FL</u>	Zip Code <u>32084</u>

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 [Signature] Date 10/10/2005

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
owner	David Vermeulen	169 South Beach Dr.	St. Augustine FL 32084
V.P.	Sally Vermeulen	169 South Beach Dr.	St. Augustine FL 32084

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: [Signature] 10/10/2005 904-829-2407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

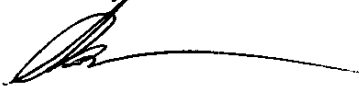
October 10, 2005

Account Representatives, Inc.
DBA Southern Homes
169 South Beach Dr.
St. Augustine, FL 32084

To Whom It May Concern:

I recently discovered that my corporation Account Representative Inc. has been in inactive status. I have never received a renewal notice in the mail since my company's inception. I spoke with someone in Tallahassee today and she pulled up my file and found that the first notice had been returned and marked undeliverable. She said that the penalty would be waived and I should remit \$750 to reinstate along with the Corporation Reinstatement form and this letter. If you need anything else please do not hesitate to call me at 904-537-3457.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sally Vermeulen', with a long horizontal flourish extending to the right.

Sally Vermeulen