

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P99000045164

1. Corporation Name

CENTURY THREE CAPITAL CORPORATION

Principal Place of Business

Mailing Address

12500 BUTLER BAY CT  
 WINDERMERE FL 34786

12500 BUTLER BAY CT  
 WINDERMERE FL 34786

FILED  
 00 DEC 15 PM 2:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite 200  
7380 SAND LAKE ROAD  
 City & State ORLANDO, FLORIDA  
 Zip 32819 Country ORANGE

Suite, Apt. #, etc. 7380 SAND LAKE ROAD  
Suite 200  
 City & State ORLANDO, FLORIDA  
 Zip 32819 Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida

05/18/1999

SP

5. FEI Number

59-3577379

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	DAVID H. EVANS	12500 BUTLER BAY CT	WINDERMERE, FL 34786
VP	TOM ITTNER	12500 BUTLER BAY CT	WINDERMERE FL 34786
		<del>12500 BUTLER BAY CT</del>	<del>WINDERMERE FL 34786</del>

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 -12/27/00--01064--025  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

12500 BUTLER BAY CT  
 WINDERMERE FL 34786

Name DAVID H. EVANS  
 Street Address (P.O. Box Number is Not Acceptable) 12500 BUTLER BAY CT  
 Suite, Apt. #, Etc.  
 City WINDERMERE State FL Zip Code 34786

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 David H. Evans  
 REGISTERED AGENT MUST SIGN

Date 24/October/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: David H. Evans / DAVID H. EVANS Date 24/10/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EM40 (800)