PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2006 JUL -6 PM 3: 05
DOCUMENT # PU9000015816 1. Corporation Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Linkous Law Associates, Chartered	
2. Principal Office Address 3. Mailing Office Address	
2. Principal Office Address 9012 Copeland Road Suite, Apt. #, etc. 3. Mailing Office Address 9012 Copeland Road Suite, Apt. #, etc.	CR2E081 (12/05)
Tampa, Florida Tampa Florida	4. Date Incorporated or Qualified To Do Business in Florida 5/11/1999
City & State 7	5. FEI Number Applied For Not Applicable
33637-510 Country S. A. 33637-510 Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name J. Juanell Linkous	
Street Address (P.O. Box Number is Not Acceptable) 9012 Copeland Road Suite, Apt. #, Etc.	
	7:004
City Tampa	State Zip Code 73637-5102
8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST SIGN	ligations of section 607.0505 or 617.0503, F.S. Date 6/14/06
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ist 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
PSTD J. Juanell Linkous 9012 Copeland	Road Tampa, FL 33637
OLOC	13 Molde
	800077380428
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 contained in Chapter 119, 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: Date Daylime Phone #	