


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 24 PM 12:11
 2002 / 2003 / 2004
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000047449 1. Corporation Name <p style="text-align: center;">KEITH-TEX, INC.</p>	
2. Principal Office Address 440 LAKEVIEW DRIVE 201 Suite, Apt. #, etc.	3. Mailing Office Address 440 LAKEVIEW DRIVE 201 Suite, Apt. #, etc.
City & State WESTON, FLORIDA	City & State WESTON, FLORIDA
Zip 33326 Country USA	Zip 33326 Country USA


200041606832
 10/05/04--01040--021 ***450.00

REINSTATEMENT 201

4. Have Incorporated or Qualified To Do Business in Florida 5/20/99	
5. FEI Number 65-0923788	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$275 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name KEITH E. NICHOLSON	
Street Address (P.O. Box Number is Not Acceptable) 440 LAKEVIEW DRIVE	
Suite, Apt. #, Etc. # 201	
City WESTON	State Zip Code FL 33326

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0505, F.S.


Signature of Registered Agent:  Date: **9/23/04**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D	KEITH E. NICHOLSON	440 LAKEVIEW DRIVE #201	WESTON, FL 33326

10. I certify that I am an officer or director of the member 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 110.07(3)(c), F.S. The information indicated on this application is true and correct and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Date: **9/23/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE (04/03)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

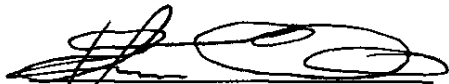
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS OF 2002, 2003 & 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

A handwritten signature in black ink, appearing to read "KEITH E. NICHOLSON", written over a horizontal line.

KEITH E. NICHOLSON
PRESIDENT