## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS -				FILED  06 JAN 31 PM 4: 52  SEUNLIARY OF STATE			
DOCUMENT # P 990000 55876  1. Corporation Name					ŢĂĹ	LAHASSEE,	FLCRIDA	
Ron White, Inc.	Ron White, Inc.				500065568935 02/10/0601022024 **1500.00			
	P				TAT	尼阳尼州	01-06	
2. Principal Office Address 2424 3rg St. 5.w.	3. Mailing Office Address			EMISTATEMENT 01-06-				
Suite, Apt. #, etc.	2424 3rd St. 5.W. Suite, Apt. #, etc.			CR2E081 (12/05)				
				4. Date Incorporated or Qualified To Do Business in Florida				
City & State	City & State			5. FEI Number   Applied For				
Vero Beach FL	Vero Beach FL			59 · 3584343   Not Applicable				
32962 Country USA	32962			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent								
Ron White								
Street Address (P.O. Box Number is Not Acceptable)								
2434 3rd St. S.W. Suite, Apt. #, Etc.								
					, <u> </u>			
Vero Beach					FL State	Zip Code 32962		
8. I, being appointed the registered agent of the about	ve named corporation, am f	amiliar with and	accept the o	bligations of secti	on 607.050			
Signature of Registered Agent Conald G White Date 1-25.06  REGISTERED AGENT MUST SIGN								
9. Names and Street Addresses of Each Officer and	Vor Director (Florida nonpro	fit corporations	must list at le	ast 3 directors)				
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zlp			
Pres Ron White	24 <b>3</b> 4	3rd	3+	S.W.	Yero	Beach.	FL 32962	
	2 1							
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 filling 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:    Could G. White   1-25-06   772-567-3592								
Supine Hollow								