PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	P99	000	07	8827	7

1. Corporation Name

GROUND DEVELOPMENT, INC. OF FLORIDA

Principal Place of Business

Mailing Address

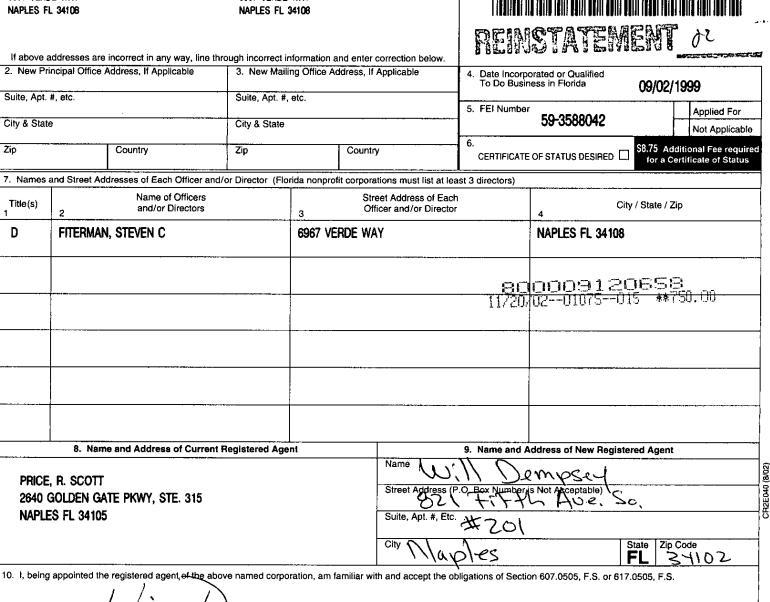
6967 VERDE WAY

Signature of Registered Agent 6967 VERDE WAY

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11. I certify that I am an officer or director or the receiver or trustee employeed 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

REGISTERED AGENT MUST SIGN

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02

739-514-2910

Daytime Phone #