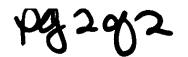
"PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION FILED DIVISION OF CORPORATIONS 00 NOV -6 PM 1: 08 P99000086301 DOCUMENT# 1. Corporation Name SECRETARY OF STATE WE'RE ORGANIZED, INC. TALL AHASSEE FLORIDA Mailing Address Principal Place of Business 1100 NORTH 50 STREET 1100 NORTH 50 STREET BLDG 2. STE I & J BLDG 2. STE | & J **TAMPA FL 33619 TAMPA FL 33619** SP If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 09/29/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 359 8224 City & State City & State Not Applicable \$8.75 Additional Fee required Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) and/or Directors **TAMPA FL 33619** 1100 NORTH 50 ST, BLDG 2, STE I D MASSEY, DWAINE E 23980 SW 010 HWY 99 ρ GOOLSBY sherwood or 97140 -OR 97140 23980 SW 010 HWY Sherwood Goolsby 300003479213 -11/28/00--01102--024 ****150<u>.08</u> ****150<u>.00</u> 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MASSEY, DWAINE E Street Address (P.O. Box Number is Not Acceptable) 1100 NORTH 50 STREET Suite, Apt. #, Etc. BLDG 2. STE | & J **TAMPA FL 33619** State Zip Code City 10. I, being appointed the registered agent of he above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. []凤凰 Signature of Registered Agent EGISTERED AGENT MUST SIGN 11. 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 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. MASSEY

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer



1100 North 50th St Bldg 2 STE I&J Tampa FL 33619

November 02, 2000

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee FL 32314-6327

Dear Sirs,

I spoke with someone from the Department of State and they recommended that I write to you. We are a new business to your state and incorporated Sept. of 1999. I was not aware at the time that we would owe fees in May. The manager we had at the time has been let go. He was stealing from the company and had our mail forwarded to his personal residence. We never-recovered anything from him.—That is the reason-we never-received our-renewal—notice. I hope you will take this into consideration. We realize in the future that it will be our responsibility to send in our fees in a timely manner weather we receive a notice or not. Thank you.

Sincerely,

Kelli Goolsby

Treasurer/Corp. Secretary