


~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLOOR DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

200-1212

01 OCT 22 PM 3: 16

1. Corporation Name

Principal Place of Business

Mailing Address

8376 MATANZAS ROAD
FT. MYERS FL 33912

8376 MATANZAS ROAD
FT. MYERS FL 33912

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/27/1999

5. FEI Number

65-0952220

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WALKER, LARRY J	8276 MATHANZAS ROAD 9376 MATHANZAS ROAD	FORT MYERS FL 33912
S	MUTH, GARRY A	640 FIFTH ST SW 8259 CALDOSA ROAD	NAPLES FL 34117 FORT MYERS, FL 33912
			300004672623--5 -11/08/01--01046--029 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

WALKER, LARRY J
8376 MATANZAS ROAD
FT. MYERS FL 33912

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/16/2001

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/10/2011 Daytime Phone #

941-

Date 10/16/2001 Daytime Phone # 267-7888

Gordon Steele, Inc.

Larry J. Walker, President - Florida CGC # 061577

202

October 18, 2001

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314-6327

re: Reinstatement

Dear Gentlepeople,

I attempted to contact your office and received a recording advising me to proceed as done so herein.

Simply, I have not received the original Annual Report forms until having received the Application for Reinstatement contained herein. A review of my prior reporting practice will show that I have always submitted the report early. Accordingly, I am requesting a waiver of the penalty fees and am enclosing the \$150.00 fee identified on the telephone.

Thank you for your prompt attention to this matter.

Very truly yours,
Gordon Steele, Inc.
Florida CGC 061577

Larry Walker

Larry J. Walker, President

Enclosures