

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT** *00-01 VB*

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

DOCUMENT # P99000091138

1. Corporation Name
Cambridge A&E Interests, Inc.

2. Principal Office Address
12233 Darcy Drive
Suite, Apt. #, etc.
City & State
Jacksonville, FL

3. Mailing Office Address
12233 Darcy Drive
Suite, Apt. #, etc.
City & State
Jacksonville, FL

Zip 32226 Country USA Zip 32226 Country USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/14/01--01070--001
****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida
October 15, 1999

5. FEI Number
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name C.T. Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

EA Wallace
Assistant Secretary

Date *8-7-01*

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
All Officers	<i>President</i> Donald Squyres	16543 N. Mist Drive	Houston, Texas 77073
One Director	<i>President</i> Donald Squyres	16543 N. Mist Drive	Houston, Texas 77073

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 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: *Donald Squyres* Donald Squyres, Pres. 8/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

281-443-0845

Daytime Phone #