
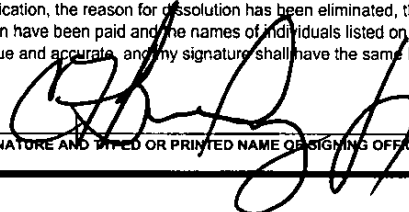


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 AUG 19 PM 2: 22 TALLAHASSEE, FLORIDA	
DOCUMENT # P99000096197					
1. Corporation Name cfoster, inc.					
2. Principal Office Address 2135 MORNINGSIDE DRIVE		3. Mailing Office Address 2135 MORNINGSIDE DRIVE		4. Date Incorporated or Qualified To Do Business in Florida 11/99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3608231	
City & State PENSACOLA, FLORIDA		City & State PENSACOLA, FLORIDA		Applied For Not Applicable	
Zip 32503	Country USA	Zip 32503	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Clyde F. Bailey					
Street Address (P.O. Box Number is Not Acceptable) 2135 MORNINGSIDE DRIVE					
Suite, Apt. #, Etc.					
City PENSACOLA				State FL	Zip Code 32503
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent Clyde F. Bailey				Date 8/16/05	
REGISTERED AGENT MUST SIGN					
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	
P/D	Clyde F. Bailey	2135 MORNINGSIDE DRIVE		PENSACOLA, FL. 32503	
V/D/T/S	Clyde F. Bailey, Jr.	400 McClellan Road		PENSACOLA, FL. 32503	
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: 				Date 8/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (850) 433-0899	

CR2E081 (01/05)

W. Williams AUG 19 2005