


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 26 AM 10:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000105864
1. Corporation Name Regional Development of Alabama, Inc.

2. Principal Office Address 5511 Hansel Ave.
 Suite, Apt. #, etc.

3. Mailing Office Address 5511 Hansel Ave.
 Suite, Apt. #, etc.

City & State Orlando, FL
Zip 32809 **Country** USA

City & State Orlando, FL
Zip 32809 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 12/3/99

5. FEI Number 59-3612008
~~59-3612008~~ Applied For Not Applicable

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

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

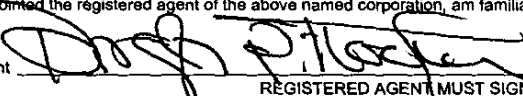
Name Douglas P. Hooker

Street Address (P.O. Box Number is Not Acceptable) 5511 Hansel Ave. 900025773459
 12/26/03--01053--006 **900 00

Suite, Apt. #, Etc.

City Orlando **State** FL **Zip Code** 32809

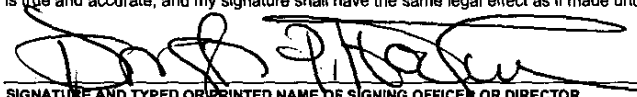
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** **Date** 12-22-03

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
PD	Douglas P. Hooker	5511 Hansel Ave.	Orlando, FL 32809
VP	Stanley R. Jones	5511 Hansel Ave.	Orlando, FL 32809
D	Constanze Ann Jones	5511 Hansel Ave.	Orlando, FL 32809

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:  **12-22-03** 407/851-1519
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2ED01 (10/02)