PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 26 PM 6:24

DOCUMENT # S 06721

1. Corporation Name
VEERMAN + ASSOCIATES, INC.

REINSTATEMENT 01-04

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2. Principal Office Address	**3.** Mailing Office Address
1241 GOLDEN LANE	P.O. Box 540026
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORLANDO FL	ORLANDO FL
Zip 32804 Country ~~ORGANIC~~ USA	Zip 32854 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/12/90

5. FEI Number 59-3033617 ☐ 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: RALPH D. VEERMAN

Street Address (P.O. Box Number is Not Acceptable): 1241 GOLDEN LANE

300034755943
04/29/04--01067--012 **8.00

Suite, Apt. #, Etc.:

City: ORLANDO, FL | State: FL | Zip Code: 32804

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: Ralph D. Veerman Date: 4/20/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	RALPH D. VEERMAN	1241 GOLDEN LN., ORL., FL	ORLANDO, FL 32804

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: Ralph D. Veer RALPH D. VEERMAN 4/20/04 407 650-1061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VEERMAN
& ASSOCIATES

Atlanta • Charlotte • Orlando

April 20, 2004

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

Enclosed is the corporation reinstatement form for Veerman & Associates, Inc. Also enclosed is a check for $600.

Veerman & Associates, Inc. was administratively dissolved during 2001. However, the Corporation never received the 2001 Florida corporation annual report; we did not receive any correspondence during 2001 regarding the administrative dissolution.

For this reason, we request that the Florida corporate status be reinstated. We also request that the penalties for reinstatement be waived.

The payment enclosed represents the annual fees for the years 2001-2004.

Sincerely,

Ralph D. Veerman

Ralph D. Veerman, President

I state that the above is true and correct, to the best of my belief and knowledge.

Orlando Office • P.O. Box 540026 • Orlando, Florida 32854 • (407) 246-0017 • (407) 839-0323 FAX • ralph@veerman.com E-Mail