PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP -8 AM 4:05

DOCUMENT # S26682

1. Corporation Name

Bill Ford Enterprises, Inc.

W05000041274

REINSTATEMENT 00-05
09-02-05 01003 001 $ 1,500.

2. Principal Office Address	3. Mailing Office Address
8515 Waco Way	P. O. Box 690145
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32968 Country: Indian River	Zip: 32969 Country: Indian River

4. Date Incorporated or Qualified To Do Business in Florida: Jan. 22, 1991

5. FEI Number: 59-3050855 ☐ 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: William S. Ford

Street Address (P.O. Box Number is Not Acceptable): 8515 Waco Way

Suite, Apt. #, Etc.:

City: Vero Beach, FL State: FL Zip Code: 32968

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: William S. Ford REGISTERED AGENT MUST SIGN Date: Sept. 8, 2005

CR2E061 (01/05)

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
Pres	Charlotte T. Ford	8515 Waco Way	Vero Beach, FL 32968
Sec	William S. Ford	8515 Waco Way	Vero Beach, FL 32968

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Charlotte T. Ford Aug. 31, 2005 772-388-3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell SEP 12 2005