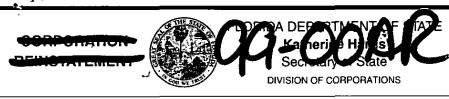
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TH



DEMOTATI		Sec	N OF CORPORATIONS	00 SEP -5 AH 10: 38		
DOCUMENT # S61309 1. Corporation Name				SECRETARY OF STATE. TALEAHASSEE, FLORIDA		
	Dunham Associ	ates, Inc.				
2. Principal Office Address		3. Mailing Office Address				
1733 Ridgewood Ave.		1733 Ridgewood Ave.			P	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	
		-		4. Date Incorporated or Qualified To Do Business in Florida 6-21-91		
City & StateHolly Hill, Florida		City.& State Holly Hill, Florida		5. FEI Number Applied Not App		
^{Zip} 32117	Country	Zip 32117	Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of S		
		7. Name	and Address of Current Re	egistered Agent		
Name	e Millard A. Du	nham			_	
Stree	et Address (P.O. Box Number	• •	200003407312 -09/28/0001012002	-0		
Suite	1733 Ridgewoo , Apt. #, Etc.	d Ave.	:	-09/28/0001012	00	
City				State Zip Code		
à	Hollv Hill			FL 32117		

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.	
	7	

Signature of Registered Agent

Holly Hill

REGISTERED AGENT MUST SIGN

8-18-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director Holly-Hill, FL-32117-----1733 Ridgewood Ave. Pres. Millard_A._Dunham VP Daytona Beach, FL 32119 240 Surf Scooter E. Scott Dunham

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 filling 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:

Millard A. Dunham, President

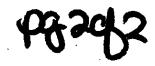
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-00

(904) 677-5443

Daytime Phone #

CR2E081 (9/99)



DUNHAM ASSOCIATES, INC.

LAND SURVEYORS

(904) 677-5443 FAX (904) 677-5034

August 18, 2000

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

Re: Corporation Reinstatement

Dunham Associates, Inc.

Document #S61309

Gentlemen:

While performing other routine duties, our CPA recently discovered that Dunham Associates, Inc. has been dropped from the State's corporate rolls due to failure to pay the 1999 annual fee.

This office never received the annual filing notice or any overdue notices. Your records should show that we have never been late with our payments in past years and I would like to assure you that it was not an oversight on our part that this payment was not made.

I ask your consideration in granting us a waiver and reinstating Dunham Associates, Inc. to it's regular corporate status for the fee of \$300.00, a check for which is herewith enclosed.

Also, please note our recent change of address.

Thanking you for your favorable consideration, I am

Sincerely,

DUNHAM ASSOCIATES, INC.

Millard A. Dunham, President