

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



S63600

FILED

01 DEC 20 AM 10:31

DOCUMENT # S63600
 1. Corporation Name
REINSTATEMENT 94-01
 N.A.B., INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address
 2669 DAVIS BLVD.
 Suite, Apt. #, etc.
 City & State
 NAPLES, FLORIDA
 Zip 34104 Country

3. Mailing Office Address
 2669 DAVIS BLVD
 Suite, Apt. #, etc.
 City & State
 NAPLES, FLORIDA
 Zip 34104 Country

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 -12/31/01--01019--006
 ***1808.75 ***1808.75

4. Date Incorporated or Qualified To Do Business in Florida
 9/2/91
 8/26/94 **WNS**

5. FEI Number
 65-0294201
 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 DENNIS COLLINS III

Street Address (P.O. Box Number is Not Acceptable)
 2669 DAVIS BLVD.

Suite, Apt. #, Etc.

City
 NAPLES

State
FL

Zip Code
 34104

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 *[Signature]* Date 12/17/2001

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/T/S V/D	WILLIAM DENNIS COLLINS III	2669 DAVIS BLVD.	NAPLES, FLORIDA 34104

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)(f), 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: *[Signature]* Date 12/17/2001 941-304-1333

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

CORPORATE (8/00)