


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

DOCUMENT # **S81517**

1. Corporation Name

Madge's Manor, Inc.

2. Principal Office Address

1851 Hubbard Street

3. Mailing Office Address

1851 Hubbard Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32206

Country

USA

Zip

32206

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/20/1991

5. FEI Number

59 3082813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$375 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Madge Broward

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

5447 Oak Bay Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32277

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

Madge Broward
 REGISTERED AGENT MUST SIGN

Date **November 28, 2001**

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	Madge Broward	5447 Oak Bay Drive	Jacksonville, FL 32277
S T	Michael King	5447 Oak Bay Drive	Jacksonville, FL 32277

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:

Madge Broward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 28, 2001

Date

(904) 354-3750

Daytime Phone #

FILED
 01 DEC -6 PM 12: 23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01/29/01 90067 043 150 00

REINSTATEMENT

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