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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

9803

DOCUMENT # S 82331

1. Corporation Name
RALPH DREW ENTERPRISES, INC.

2. Principal Office Address 1014 S. Monticello St.		3. Mailing Office Address 631 W. 11th St PO Box 310	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winamac, IN		City & State Winamac, IN	
Zip 46996	Country US	Zip 46996	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 9/24/91	Applied For Not Applicable
5. FEI Number 59-3086889	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE 75. Application Fee required for all applications.</small>	

7. Name and Address of Current Registered Agent

Name
EMIL C. MARQUARDT, JR.

Street Address (P.O. Box Number is Not Acceptable)
625 Court Street, 2nd floor

Suite, Apt. #, Etc.

City
Clearwater

State
FL

Zip Code
33756

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

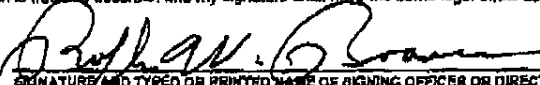
Signature of Registered Agent  Date **7-21-03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S/D	DREW P. BRAUN	18009 SYCAMORE RD	Plymouth, IN 46563
P/D	Ralph W. Braun	631 W. 11th St P.O. Box 310	WINAMAC, IN 46996

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)(D), 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:  **Drew P. Braun** President 7/24/03 574 946 4139 ext 204

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

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

RALPH DREW ENTERPRISES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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