## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS				FILED  00 APR 19 PM 1: 24  SECRETARY OF STATE TALLAHASSEE, FLORID									
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Principal Office Address				3. Mailing C	3. Mailing Office Address											
104 Foxfire Lane _				104 Foxfire lane												
Suite, Apt. #, etc.					Suite, Apt. #, etc.											
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East Palatka, Florida				East Palatka, Florida						894		<del></del>		*	Applied Not An	J.For plicable
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Names	and Street Add	dresses of Each O		l/or Director (Flo	orida nonprofit co			st 3 dire	ctors)				_ <u></u>			
Titles ·		Name of Officers and/or I				Street Address of Officer and/or D						City	// State	/ Zip		
RES	-James	ACoop	er		1-0·4F	oxf-i-r-el	ra <u>n</u> e	<u></u>		-Eas	<u>t-I</u>	<u>Parlija</u>	tka-	<u>FL</u>	, <u>3:2-1-</u>	<u>-3-j</u>
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this rein	statement app  the corporation	ficer or director or lication, the reaso on have been paid ue and accurate,	n for diss and the	olution has beer names of individ	n eliminated, the luals listed on thi	corporate name s s form do not qual	atisfies t ify for ar	he requi 1 exemp	rements tion und	of sectio	n 607. 119.0	0401 or 07(3)(i), f	617.040 F.S. The	1, F.S., t informat	hat all f	ees

SIGNATURE: James A Cooper 3-25-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9 0 4 - 3 2 5 - 6 1 2 0 Daytime Phone #