

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -2 PM 12:06

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V05794**

1. Corporation Name
Ponderosa Investments, Inc.

2. Principal Office Address
RTI Box 283
State, Apt. #, etc.

3. Mailing Office Address
P.O. Box 774
State, Apt. #, etc.

City & State
Branford FL

City & State
Bell FL

Zip Country
32018 USA

Zip Country
32019 USA

REINSTATEMENT-04

4. Date Incorporated or Qualified To Do Business in Florida
11/10/1992

5. FEE Number
59316457

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
William K Gordon Esq.

Street Address (P.O. Box Number is Not Applicable)
303 SR 26

State, Apt. #, Etc.

City
Melrose

State
FL

Zip Code
32666

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent
[Signature]

REGISTRED AGENT MUST SIGN

EXP. DATE
11-01-04

9. Names and Street Addresses of Each Officer and/or Director (For a nonprofit corporation's must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PK/Off</i>	William Glenn Johns	P.O. Box 774	Bell FL 32619

10. I certify that I am an officer or director of 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)(c), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **11-01-04**

Daytime Phone #: **352-475-1357**

CHANGES PERMITTED

11/02/04-01027-005 **1200.00

B