

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49533

FILED
97 AUG 20 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
Retirement Holdings, Inc
Principal Place of Business W. Palm Beach Fla 33407
Mailing Address 5841 Corporate Way - Suite 106

REINSTATEMENT 16-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number <u>65-0355187</u> | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <u>Ca. 75</u> Additional Fee required for a Certificate of Status | |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|--------------------------------------|--|------------------------------------|
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
| Pres | J. Simmons | 5841 Corporate Way Suite 106 | W Palm Beach Fla. 33407 |
| | DALE HORAK | 5841 Corporate Way Suite 106 | W Palm Beach Fla. 33407 |
| | DALE HORAK | 5841 Corporate Way Suite 106 | W Palm Beach Fla. 33407 |

| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| J. Simmons 5841 Corporate Way West Palm Beach, Fl. 33407 | | Name <u>J. Simmons</u> Street Address (P.O. Box Number is Not Permitted) <u>5841 Corporate Way</u> Suite, Apt. #, Etc. <u>5841 Corporate Way</u> City <u>West Palm Beach</u> State <u>FL</u> Zip <u>33407</u> | |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
Signature of Registered Agent [Signature] Date 8/18/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: [Signature] (J. Simmons) President Date 8/18/97 Telephone # (561) 688-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR