

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 # V50344			
1. Corporation Name Archebaubio logie, Inc.			
Principal Place of Business 650 W Gaines Tallahassee, FL 32301		Mailing Address 1901-B Darryl Dr Tallahassee, FL 32301	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 7-14-92		5. FEI Number 59-3131738	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
		\$8.75 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	MATTHEW WEST	1901-B Darryl Dr	Tallahassee, FL 32301
Secr.	Cindy West	1901-B Darryl Dr.	Tallahassee, FL 32301
			500002428195--3 -02/11/98--01104-005 ***1058.75 ***1058.75
			REINSTATEMENT 96-98
			30 2-10-98
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Don Rothrock 427 CACTAS ST. Tallahassee, FL 32316		Name MATTHEW WEST Street Address (P.O. Box Number is Not Acceptable) 1901-B Darryl Dr. Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent		Date 2-10-98	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MATTHEW WEST	
		Date 2-10-98 Daytime Phone # (850) 942-6084	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (1/98)