


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 FEB 25 PH 1:27 SECRETARY OF STATE TALI AHASSFE, FLORIDA	
DOCUMENT # <u>V53185</u>					
1. Corporation Name <u>ADAMTHWAITE - HOWARD CORP.</u>					
2. Principal Office Address <u>2025 KEWANNEE TR</u>			3. Mailing Office Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>CASSELBERRY FL</u>			City & State 		
Zip <u>32707</u>	Country <u>USA.</u>	Zip 	Country 	4. Date Incorporated or Qualified To Do Business in Florida <u>7/23 1992</u>	
5. FEI Number <u>59-3131-912</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>PETER ADAMTHWAITE</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2025 KEWANNEE TRAIL</u> <u>300029389279</u>					
Suite, Apt. #, Etc. <u>02/25/04-01028-015 **750.00</u>					
City <u>CASSELBERRY</u>				State <u>FL</u>	Zip Code <u>32707</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <u>Peter Adamthwaite</u>				Date <u>2/23 02</u>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
<u>PRES</u>	<u>PETER ADAMTHWAITE</u>	<u>2025 KEWANNEE TR</u>		<u>CASSELBERRY FL 32707</u>	
<u>TR</u>	<u>"</u>	<u>"</u>		<u>"</u>	
<u>SEC</u>	<u>LYNN ELLYN ADAMTHWAITE</u>	<u>"</u>		<u>"</u>	
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)(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: <u>Peter Adamthwaite</u>				Date <u>2/23 04</u>	Daytime Phone # <u>4077671233</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

THE 1963 HIGH ST LONGWOOD WAS CHANGED TO KEWANNEE TR
AS MAIL DID NOT GET TO ME AT THAT ADDRESS WHICH CAUSED

CR2E081 (10/02)