

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 FEB 27 PM 1:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V55446**
 1. Corporation Name
CONFEDERATE STATE EXPORTS INC.

Principal Place of Business Mailing Address
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

500002446175--3
 -03/03/98--01103--001
 *****900.00 *****900.00

2. New Principal Office Address, If Applicable
1099 AIA Bch Blvd
 Suite, Apt. #, etc.
 City & State
ST Augustine FL
 Zip
32084 Country
USA

3. New Mailing Office Address, If Applicable
1099 AIA Bch Blvd
 Suite, Apt. #, etc.
 City & State
ST Augustine FL
 Zip
32084 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
08/03/1992

5. FEI Number
59-316 4811 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
P	ROY H. HANMAN II, MD	3899 WINTER HAWK CT	ST AUGUSTINE FL 32086

REINSTATEMENT 97-98
4-2-3-98

8. Name and Address of Current Registered Agent
ROY H. HANMAN II, MD
3899 WINTER HAWK CT
ST AUGUSTINE, FL 32086

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 *[Signature]* REGISTERED AGENT MUST SIGN Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E040 (1/98)