PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

05 MAY 11 AM 11: 47 SECRETARY OF STATE TAILAHASSEE, FLORIDA

DOCUMENT# 1/

REINST	ATEMENT	04-05
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2. Principal Office Address 38.30-5 Williamsburg Pt Blvd Same Suite, Apt. fl. etc. Suite, Apt. fl. etc. City & State TACKSONVILLE TO Business in Finds 1992 3. FEI Number SP3 3141690 Applied For Not Applicable To SP3 3141690 Sans Additional Fee required For SCETTIFICATE OF STATUS DESIRED TO STA Additional Fee required For SCETTIFICATE OF STATUS DESIRED TO STA Additional Fee required For SCETTIFICATE OF STATUS DESIRED TO SUITE, Apt. fl. Etc. City TACKSON VILLE TO DOS 4 ES 95 17 US/17/US-01033-0110 ***300 00 Street Address P.O. Box Number is Not Acceptable) For SCETTIFICATE OF STATUS DESIRED TO SUITE, Apt. fl. Etc. US/17/US-01033-0110 ***300 00 State TO DOS 4 ES 95 17 US/17/US-01033-0110 ***300 00 State TO DOS 4 ES 95 17 State TO DOS 4 ES 95 17 State TO DOS 4 ES 95 17 DOS 5 Escholar Office Address of Each Officer and/or Director (Pointia nonprofit corporations must list at least 3 directors) Titles Officer and/or Directors Officer and/or Directors Officer and/or Director City State / Zip VP ROSS, Michael 11 TROSS Christine 11 TOSS Christine 11 11 TOSS Christine	1. Corpora	ation Name VE E16	HT EIGHT TW	O INC			REIN	TZL	ATERACAIT	· al 15	
Suite, Apt. #, etc. City & State City & State Country 32257 USA 7. Name and Address of Current Registered Agent Name CHEISTINE ROSS Street Address (P.O. Box Number is Not Acceptable) 1076 Main Sail Lane City Jacksonville 8. I, being appointed the registered agent of the above agend corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Resistered Agent Lusture Resistered Re								101	Les Print File i	09-0	
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To Name and Address of Current Registered Agent CHRISTINE Ross	Zip		Country	Zip		Country		21414			
Name CHRISTINE ROSS Street Address (P.O. Box Number is Not Acceptable) IOTIO MAINSAIL LANE TODO 54659517 Suite, Apt. #, Etc. US/11/USU1033U10 ***300.00 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 Agen. Lusture Total Resistered Agen. Must Sign Date 3-8-05 P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director City / State / Zip P. ROSS, Christine IoTIo Mainsail Lane Tacksonville Fl. 32259. VP Ross Michael II III	322	257	USA.				CERTIFICAT	E OF STATI	US DESIRED for a Cert	ificate of Status	
CHRISTINE ROSS Street Address (P.O. Box Number is Not Acceptable) 1076 Main Sail Lane TODOS 4E59517 Suite, Apt. #, Etc. US/17/USU1033U10 ***300 00 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 Agen. Luttre Lane RESISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors PROSS, Christine 1076 MainSail Lane Tacksonville Fit 32259. VP Ross, Michael 11 S Ross, Michael 11											
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip P Ross, Christine 1076 Mainsail Lane Jacksonville Fl 32259. VP Ross, Michael "1" S Ross, Michael "1" 11	Street Address (P.O. Box Number is Not Acceptable) 10716 Main Sail Lane 700054669517 Suite, Apt. #, Etc. 15/17/05-01033-010 ***300.00 City Jackson ville State Zip Code FL 32259 Signature of Registered agent of the above named corporation, arm familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Lutture Lane Registered Agent Lutture Registered Agent Lutture Lane Registered Agent Lutture Reg										
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

722

5882, Inc

3830-5 Williamsburg Park Blvd Jacksonville, Fl 32257 904-733-2222 904-733-2262 (fax)

March 8, 2005

To: Florida Department of State From: Chris Ross, President

Re: Reinstatement

While researching an item online I came across our corporation's inactive status. I also noticed that while the physical address had been updated, the mailing address was still incorrect. I can only surmise that is why I did not receive a filing form for 2004. I have enclosed the annual fee of \$150 and respectfully request that the reinstatement fee be waived since I did not receive a notice. Also, please update the mailing address on this corporation to avoid this problem in the future. If there are any questions or problems, please call me at 904-733-2222. Thank you for your attention to this matter.