

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 2:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005436**

1. Corporation Name

COMPANY E. 7TH, FLORIDA INFANTRY, INC.

Principal Place of Business

Mailing Address

235 KINGSLEY BLVD.
 AUBURNDALE FL 33823

235 KINGSLEY BLVD.
 AUBURNDALE FL 33823



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.		09/07/1999	
City & State		City & State		5. FEI Number	
Zip		Country		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HUNT, STEPHEN W	235 KINGSLEY BOULEVARD	AUBURNDALE FL 33823
D	HANSEN, ERIC	2260 CRYSTAL GROVE BOULEVARD	LAKELAND FL 33812
D	WESTNEY, DOUG	235 KINGSLEY BOULEVARD	AUBURNDALE FL 33823
REINSTATEMENT <i>oo</i> 73 600003440956--9 -10/26/00--01088--006 *****236.25 *****236.25			

8. Name and Address of Current Registered Agent

HUNT, STEPHEN W
 235 KINGSLEY BOULEVARD
 AUBURNDALE FL 33823

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

Stephen W Hunt
 REGISTERED AGENT MUST SIGN

Date *10/12/00*

11. 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.

Stephen W Hunt

SIGNATURE:

Stephen W Hunt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00
 Date

863-967-1261
 Daytime Phone #

CR2ED40 (8/00)