PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMEN OF STATE eg et any division of corporations						03 FEB 24 AM 11: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P94000068329 1. Corporation Name						
VAN-HART, INC. C/O WILLIAM JOHNSON					100013031211	
2. Principal Office Address			3. Mailing Office Address			02/24/0301052007 ***300.00
915 OLD DIXIE HWY SW			6337 MORRISON BLVD			
Suite, Apt. #	‡, etc.	ı	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida
City & State			City & State			10/07/94 5. FEI Number Applied For
VERO BEACH FL		CHARLOTTE NC		·	65-0522507 Not Applicable	
^{zip} 32962		Country USA	Zip 28211	Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
				nd Address of Cui	rrent Registere	ed Agent
	Name JACK P HARTON Street Address (P.O. Box Number is Not Acceptable) 915 OLD DIXIE HWY SW Suite, Apt. #, Etc.					
	City	VERO BEACH				State Zip Code FL 32962
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 Date						
9 Namos	and Street A				must list at loa	cost 2 dispetare)
Titles	es and Street Addresses of Each Officer and/or Name of Officers and/or Directors		or Bilector (Fibrida hor	Street Ad	ddress of Each and/or Director	City / State / 7in
DP	JACK	P HARTON	91	5 OLD DIX	IE HWY S	SW VERO BEACH FL 32962
DST	DALE	V HARTON	91	5 OLD DIX	IE HWY S	SW VERO BEACH FL 32962
;						- "
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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: SIGNATURE:						
SIGNATURE: 100 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daje Daytime Phone #						

J1 2/26



VANCE FLOUHOUSE & GARGES, PLLC

Certified Public Accountants and Consultants

February 11, 2003

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, Florida 32314

Dear Sirs:

Please find enclosed a Corporation Reinstatement form for Van-Hart, Inc. and the filing fee of \$300.00. The original form was never received by Van-Hart, Inc. and therefore was not filed.

We respectfully request that you waive any late filing penalties.

If you have further questions, please feel free to contact us at (704) 369-7200.

Yours very truly,

VANCE FLOUHOUSE & GARGES, PLLC

Gary K. Flouhouse

GKF/js

cc: William Johnson