

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 22 PM 2:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000016572

1. Corporation Name  
 PACIFIC/OCALA CORP.

Principal Place of Business 2801 SOUTHWEST COLLEGE ROAD SUITE 1A OCALA FL 34474	Mailing Address 2801 SOUTHWEST COLLEGE ROAD SUITE 1A OCALA FL 34474
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REINSTATEMENT *qq*

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 02/20/1997
Suite, Apt. #, etc. P.O. Box 5489	Suite, Apt. #, etc. P.O. Box 5485	5. FEI Number 59-3437305
City & State Salt Springs FL	City & State Salt Springs FL	Applied For Not Applicable
Zip 32134	Zip 32134	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
VPDT	MACKAY, GEORGE L	501 PAWNEE TRL	MAITLAND FL 32751
VPS	MACKAY, DAVID L	2801 SW COLLEGE RD, STE 1	OCALA FL 34474
			800003029798--2 -11/01/99--01002--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent MACKAY, DAVID L 2801 SW COLLEGE RD STE 1A OCALA FL 34474	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
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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: *David L Mackay* Date: 10/18/99  
 REGISTERED AGENT MUST SIGN

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.

SIGNATURE: *David L Mackay, V.P.* Date: 10/18/99 Daytime Phone #: 352-237-3800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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