

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 DEC 21 AM 10:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000004498

1. Corporation Name
TAMTRE REALTY CORP.

Principal Place of Business PO BOX 970515 BOCA RATON FL 33497	Mailing Address PO BOX 970515 BOCA RATON FL 33497
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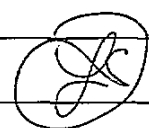
REINSTATEMENT 98

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 08/26/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 11-3006598	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	TAMBASCO, LEONARD III	2428 RIO DE JANERIO AVE	PUNTA GORDA FL 33983
S	TAMBASCO, ANDREA III	2428 RIO DE JANERIO AVE	PUNTA GORDA FL 33983



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~~-12724798--01088--022~~
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent TAMBASCO, LEONARD 2428 RIO DE JANERIO AVE PUNTA GORDA FL 33983		9. Name and Address of New Registered Agent Name Leonard Tambasco Street Address (P.O. Box Number is Not Acceptable) 22355 Collington Dr Suite, Apt. #, Etc. City Boca Raton State FL Zip Code 33428	
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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 **SIGNATURE REQUIRED** Date **12/17/98**
 REGISTERED AGENT MUST SIGN

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 REQUIRED** **Leonard Tambasco** Date **12/17/98** Daytime Phone # **800 509 0357**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)