


2005 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H15009
 1. Entity Name
 T-BARE, INCORPORATED



FILED
 05 APR -1 PM 12: 03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 10641 FRUITVILLE RD SARASOTA, FL 34240 US	Mailing Address 10461 FRUITVILLE RD SARASOTA, FL 34240 US
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REINSTATEMENT 03292005 FEE-R CFEEDS (6/04) 04-05

2. Principal Place of Business <i>4841 CAMELOT ST</i> Suite, Apt. #, etc.	3. Mailing Address <i>4841 CAMELOT ST</i> Suite, Apt. #, etc.
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City & State <i>North Port FL</i>	City & State <i>North Port FL</i>
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4. FEI Number 59-2433964	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>34288</i>	Country <i>SARASOTA</i>	Zip <i>34288</i>	Country <i>SARASOTA</i>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KINY, CLIFFORD M
 100 WALLACE AVE.
 SUITE 380
 SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	PVP <input type="checkbox"/> Delete
NAME	TEN BRUIN, WAYNE
STREET ADDRESS	2406 ICECAPADE DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEN BRUIN, WAYNE
STREET ADDRESS	4841 CAMELOT ST
CITY-ST-ZIP	North Port FL 34288
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne Ten Bruin* WAYNE TEN BRUIN *3/30/05* 941 429 6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #