
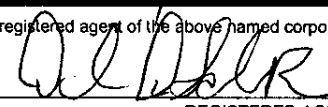



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 MAR -4 PM 4: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # 567466			
1. Corporation Name The Treasure Ship Inc.			
2. Principal Office Address 3605 Thomas Drive Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Panama City, FL Zip 32408 Country Bay		City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 4/7/78		5. FEI Number 59-1811032	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name Dave Schaler			
Street Address (P.O. Box Number is Not Acceptable) 3605 Thomas Drive			
Suite, Apt. #, Etc.			
City Panama City		State FL	Zip Code 32408
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 2-13-02	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	William Nomberg	814 6th Avenue	Ashford AL 36312
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (9/01)