


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 716271					
1. Corporation Name SCHLARAFFIA FLORIDANA, INC.					
2. Principal Office Address HORST BLIWERNITZ Suite, Apt. #, etc. 10136 - 43RD. ST. N.			3. Mailing Office Address HORST BLIWERNITZ Suite, Apt. #, etc. 10136 - 43RD. ST. N		
City & State PINELLAS PARK, FL.			City & State PINELLAS PARK, FL.		
Zip 33782	Country PINELLAS	Zip 33782	Country PINELLAS		

FILED
06 MAY -5 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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05/23/06--01006--017 **61.25
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 23-7295072	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name GUSTAV POHL		
Street Address (P.O. Box Number is Not Acceptable) 2569 - 10TH. AVE. SW.		
Suite, Apt. #, Etc.		
City LARGO, FL.	State FL	Zip Code 33770

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

Gustav Pohl
REGISTERED AGENT MUST SIGN

Date 4-28-06

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
PD	GUSTAV POHL	2569-10TH. AVE. SW.	LARGO, FL. 33770
VP	GUENTER NAEGELIN	589 OCEANVIEW AVE	PALM HARBOR, FL. 34683
VP	HORST PELTZER	5206 E, 122ND. AVE	TEMPLE TERRACE, FL. 33617
SD	HORST BLIWERNITZ	10136-43RD. ST. N	PINELLAS PARK, FL. 33782
TD	RUDOLF SIEGRIST	4801 OSPREY DR. #410	ST. PETERSBURG FL. 33711

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 contained in Chapter 119, 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:

Gustav Pohl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06
Date

722 587 0422
Daytime Phone #