## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPOR/ REINSTATE	SEE COLLEGE	FLORIDA DE Seci	FILED  07 MAY - I PM 1: 13  1: ALL ART DE STATE					
DOCUMEN 1. Corporation Name B u + -		TALL ÄBÁÜSFE, FLORIDA 8001032853 <b>4</b> 8 05/25/0701015019 **358.75						
i i	ddress - No P.O. Box#	REINSTATEMENT 05-07						
Suite, Apt. #, etc.	ulf of Mexico D	Suite, Apt. #, etc.	14 of 1811	S 159 D1.	4. Date Incorporated or Qualified			
City & State	<del></del> .	City & State			To Do Business in Florida 10/20/1080			
			pat Key		5. FEI Number         Applied For           \$9-\$\alpha\$171         Not Applicable			
<sub>Zip</sub> 34228	Country USA	Zip 34228	Count	•	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
27500	7. Name and Address o		ioi a definicate di Status					
Street Address (P.O	MSClenathe	) ,	-		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not			
Suite, Apt. #, Etc.			State	Zip Code	received and requesting the reinstatement fee be waived.			
Sarasota 8. Leging appointe	the registered agent of the abo	ve named corporatio	1 1	34236	bligations of section 607.0505 or 617.0503. F.S.			
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  4/26/67								
9. Names and Stre	et Addresses of Each Officer an			orations must list at le	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director  City / State / Zip				
P Min	Minion, Robert			3630 Gulf of Mexico Drive Longboat Key FL 34228				
C Dem	bo, Donald	36	3630 Gulf of Mexico Drive Longboat Key FL 34228					
V Fler	Fleming, Terry			3660 Gulf of Mexico Drive Longboat Key, FL 34228				
S Dav	Davidson Susan			3500 Gulf of Mexico Drive Longboat Key FL 34228				
AS Man	S Manning Michael			1877 Northgate Blud, Ste 4 Sarasota, FL 34234				
D Slar	Slansky Jerry			3660 Gulf of Mexico Drive Longboot Key, FL 34228				
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: Michael Naming 4-18-07 941-359-4876								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

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CORPORAT REINSTATEM	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	≣ D	Page 2.				
DOCUMENT  1. Corporation Name	Г#						
4							
-2. Principal Office Addr	ess - No P.O. Box#	3. Mailing Office Add	dress		CR2E081 (1/07)		
Suite, Apt. #, etc.	-	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida		
City & State		City & State			5. FEI Number Applied For		
Zip	Country	Zip	Country	6. CERTIFICATE	Not Applicable  E OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status		
	7. Name and Address o	f Current Registered A	gent				
Name	-		<u>-</u>		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
Street Address (P.O. Bo	ox Number is Not Acceptable	)		the pri			
Suite, Apt. #, Etc.				receiv			
City			State Zip Code	fee be	e be waived.		
8. I, being appointed the	ne registered agent of the abo	ove named corporation, a	am familiar with and accept to	he obligations of secti	ion 607.0505 or 617.0503, F.S.		
Signature of Registered Agent	R	EGISTERED AGENT MU	UST SIGN		Date		
9. Names and Street /	Addresses of Each Officer and			at least 3 directors)			
Titles	Name of Officers and/or Directors	· · ·	Street Address of I Officer and/or Dire	Each	City / State / Zip		
D Jabb	Jabbur, Ellen 3540 Gulf of Me				Longboat Key, FL 34228		
i '							
			-14				
				- 11111.			
this reinstatement a owed by the corpor	application, the reason for diss	solution has been elimina e names of individuals list	ated, the corporate name sati ted on this form do not qualify	isfies the requirement y for an exemption cor	apter 607 or 617, F.S. I further certify that when filling is of section 607.0401 or 617.0401, F.S., that all fees ntained in Chapter 119, F.S. The information indicated		
SIGNATURE:	SIGNATURE AND TYPED OR PR		Date Daytime Phone #				