PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEM	(2 to 10 to 1 to 10 to 1	Katheri Secretar	TMENT OF STATE ne Harris ry of State corporations	FILED 02 NOV -5 PH 4: 17 SECRETARY OF STATE
DOCUMENT# F32734 1. Corporation Name T Square Enterprises, Inc.				SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Office Address		3. Mailing Office Address P. o Box 940186 Suite, Apt. #, etc.		900008890729 11/08/0201080004 **758.75
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 4 27 81
City & State		MAITLAND, FLORIDA		5. FEI Number Applied For
Zip	Country	^{Zip} 32794	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City State FL State FL Zip Code 32751 8. I, being appointed the registered agent whe above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea				least 3 directors)
Titles .	itles Name of Officers and/or Directors		Street Address of Eacl Officer and/or Directo	
P Jere	Jere Pice		390 S. LAKE Syberia Dr. MAIRANO, Fr. 32711	
S Jere	Jere Pice		390 S. LARE ST BELLA D. MAITEAUA F. 32711	
T Jere	Die	399	S LAILE S, be	ELIA Dr. MAITLAND, FL 32711
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 #				

Daytime Phone #

J Square Enterprises, Inc. Jere Pile 390 S Lake Sybelia Dr. Maitland, Florida 32751

Justin Shivers
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

Subject: Reinstatement of Corporation in the State of Florida

Dear Justin,

This letter is a follow up of our conversation on 11/04/02. As I stated on the phone, our company has not received the annual filing information from Tallahassee. Please find a check in the amount of \$758.75 to cover the cost of reinstatement and a Certificate of Status.

For your convenience, I have enclosed a stamped return envelope.

Again thank you for your help.

Jere Pile