

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F64299		
1. Corporation Name <i>ConchFlash Corporation</i>		
[Redacted]		

FILED
04 AUG 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address 432 Greene St.	3. Mailing Office Address Suite, Apt. #, etc.	7000040161877 08/13/04-01017--006 ***2108.75
City & State Key West, FL		4. Date Incorporated or Qualified To Do Business in Florida 1/29/82
Zip 33040	Country Monroe	5. FEI Number 59-2168359
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name Jessica Steele	Street Address (P.O. Box Number is Not Acceptable) 3729 Cindy Ave.	Suite, Apt. #, Etc. Key West, Fla.	State FL Zip Code 33040

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.	Date 8/11/04
Signature of Registered Agent <i>Jessica Steele</i>	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
PSTV	Jessica Steele	3729 Cindy Ave.	Key West, FL 33040

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: <i>Jessica Steele</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 8/11/04	Daytime Phone # 305 294-6091