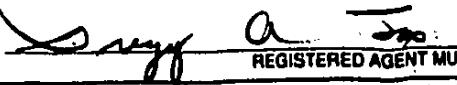
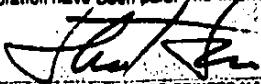


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 96 NOV 26 PM 12:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # R 55785				
1. Corporation Name Sumpier, Inc.				
Mailing Address 309 Harbor Drive Belleair Beach, Fl 33786		Principal Place of Business Same		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip	
PD	Jill Correale	309 Harbor Drive	Belleair Beach, Fl 33786	
VST	Steve Szasz	309 Harbor Drive	Belleair Beach, Fl 33786	
			700002016907 12/02/96-01016-019 Amount 375.00 - Amount 375.00	
			DB/1-2-0-90	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
Gregory A. Fox 28050 US 19N Sta 100 Clearwater, Fl 34621			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
			FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent			Date 11/19/96	
REGISTERED AGENT MUST SIGN				
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input checked="" type="checkbox"/> (See other side for additional information)				
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)				
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  V.P. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
Date 11/19/96 Daytime Phone #				