


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR - 12 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03-04
400031352214
03/29/04--01084--013 **150.00

DOCUMENT # H67787
1. Corporation Name
Last Chance Thrift STORE, INC.
INC.
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2. Principal Office Address
36500 U.S. 19 North
Suite, Apt. #, etc.

3. Mailing Office Address
36500 U.S. 19 North
Suite, Apt. #, etc.

City & State
Palm Harbor, FL Palm Harbor, FL

Zip Country Zip Country
34684 USA 34684 USA

4. Date Incorporated or Qualified
--To Do Business in Florida 1985

5. FEI Number
59-2596350 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SAMUEL L. ROBERTS 700032778717

Street Address (P.O. Box Number is Not Acceptable)
16732 Lemans Dr. 04715/04--01014--007 **150.00

Suite, Apt. #, Etc.

City State Zip Code
Brooksville FL 34610

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
[Signature] Date 3/25/04
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 |
|------------------|-----------------------------------|--|------------------------------|
| <u>President</u> | <u>Bill Tallis</u> | <u>2621 Sanchez Cir</u> | <u>Palm Harbor, FL 34684</u> |
| <u>V.P.</u> | <u>SAM ROBERTS</u> | <u>16732 Lemans Dr.</u> | <u>Brooksville, FL 34610</u> |
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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] 3/24/03 841-7370

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2081 (01/04)