

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(11)

<b>APPLICATION FOR REINSTATEMENT</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 48px; font-weight: bold; opacity: 0.5; position: absolute; top: 0; left: 0;">J 72071</div> <div style="font-size: 24px; font-weight: bold; position: absolute; top: 0; right: 0;">FILED</div>	
<b>DOCUMENT #</b> J 72071 1. Corporation Name  PRECIOUS COLLECTIBLES, INC		97 JUL 30 AM 11:33  SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business  3000 GULF TO BAY BLVD. STE. 303 CLEARWATER, FLORIDA 34619 <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>		Mailing Address  DO NOT WRITE IN THIS SPACE			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida MAY 11, 1987  5. FEI Number 592 86 9035  6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$9.75 Additional Fee required for a Certificate of Status</small>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES.	SHELLEY ROSE LUPE	101 CORDELL RD. 2015 OAKADIA DR. CLEARWATER, FL. 33764	SCHENECTADY, NY 12304 CLEARWATER, FL. 33764		
SEC. TRES	NANCY SCHULTZ	2007 OAKWOOD AVE	Tampa FL 33605		
D	ROBERT B. BASS				
REINSTATEMENT 1993-1997					
8. Name and Address of Current Registered Agent  ROBERT B. BASS  2007 OAKWOOD AVE. TAMPA, FL. 33605			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City <div style="border: 1px solid black; padding: 2px; display: inline-block;">                         700002252467-5                          -07/30/97--01060--004                          ***1453 State 2006 10.00                          FL                     </div>		
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: REGISTERED AGENT MUST SIGN Date: 7-30-97					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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:  - Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7-30-97 Daytime Phone #					

CR2040 (12/95)