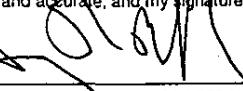
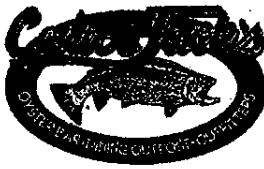


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # R19609			
1. Corporation Name TBBH, INC.			
2. Principal Office Address 2745 Capital Cir. NE		3. Mailing Office Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tallahassee FL		City & State 	
Zip 32308	Country 	Zip 	Country
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 59-2887699		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent:			
Name Frank Rainer			
Street Address (P.O. Box Number is Not Acceptable) 101 N Gadsden St			
Suite, Apt. #, Etc. 			
City Tallahassee		State FL	Zip Code 32301
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		Date	
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
DP	Tony R. Belcher	2745 Capital Circle NE	Tallahassee FL 32308
REINSTATEMENT 03-04			
100042698161			
11/12/04 01058-016 *308.75			
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: 		President TBBH Inc 11-9-04 (850)385-6653	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

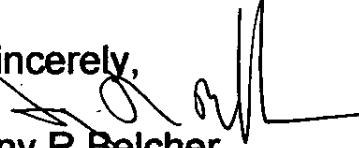


2745 Capital Circle, N.E. Tallahassee Florida 850-385-6653

To whom it may concern,

This letter is to state that TBBH Inc., dba Calico Jacks of Tallahassee did not receive any correspondence or notices pertaining to the 2003 Annual Report.

Thank you for your consideration.

Sincerely,

Tony R. Belcher
President TBBH Inc.