FROM : Stephen Simone, P.A. PHONE NO. : 727 341 2255 Jun. 30 2003 03:52PM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL -8 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attn: Bonnie
(727) 341-2255

REINSTATEMENT 02-03
900021411009
07/09/03--01027--019 **237.50

DOCUMENT # N01-4892

1. Corporation Name
TREASURE ISLAND HOTEL/MOTEL/HOSPITALITY ASSOCIATION, INC

2. Principal Office Address
6439 CENTRAL AV
Suite, Apt. #, etc. —
City & State ST. PETERSBURG
Zip 33706 Country PINELLASS

3. Mailing Office Address
SAME
Suite, Apt. #, etc. "
City & State F "
Zip " " Country

4. Date Incorporated or Qualified To Do Business in Florida: JULY 9, 2001

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X

7. Name and Address of Current Registered Agent

Name: STEPHEN SIMONE CPA
Street Address (P.O. Box Number is Not Acceptable): 6439 CENTRAL AV.
Suite, Apt. #, Etc. —
City: ST PETERS BURG State: FL Zip Code: 33706

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 07/02/2003
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
PRES	HARRY BLACK	9980 GULF BLVD	TREASURE IL FL 33706
V.P.	CHARLES WEISGERBER	61 DOLPHIN DR.	TREAS. IL FL 33706
VP	DAN LENEHAN	825 BAYSHORE DR.	TREAS IL FL 33706
VP	IAN WILSON	10750 GULF BLVD	TREAS IL FL. 33706
V.P	BOB DOWLING	11800 GULF BLVD	" " " "
SECT	KAREN DONOVAN	12600 GULF BLVD	" " " "
~~PRES~~	~~SUZEE RYEL~~	~~12620 GULF BLV~~	~~" " " "~~

10. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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: [signature] President 7.2.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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