A God F.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		FILE	M 9: 40
DOCUMENT # N 1. Corporation Name	SECRETAKT OF STATE TALLAHASSEE, FLORIDA				
KNOW THYSEL	100041324771 9/24/0401064001 **61.25				
2. Principal Office Address	To an incorp	TEMEN	10204		
2. Principal Office Address 3. Mailing O		onice Address		90175 i	
Suite, Apt. #, etc.	Suite, Apt. #,	etc.	4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida		
City & State	City & State		5. FEI Number Applied For .		
Zip Country	Zip	Country	6. CERTIFICATE OF STATUS	SPECIFIC S8.75 Ad	Not Applicable ditional Fee required ertificate of Status
7. Name and Address of Current Registered Agent					
UENNIS H. COOK CPA Street Address (P.O. Box Number is Not Acceptable) 1000 BELCHEN RD S Suite, Apt. #, Etc. SUITE 2 City LARGO State Zip Code FL 33771					
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 7/7/04 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 Eacl Officer and/or Directo		City / State / Zip	
P MARIE 1	P MARIE WHITE 90 1000 BFLOWER		2. 42 LAa	Lao, FL.	53771
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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 the and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/OFFICER OR DIRECTOR Date Date Daytime Phone #					

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DENNIS H. COOK

Certified Public Accountant

1000 Belcher Road South, Suite 2 Largo, Florida 33771 (727) 530-0402 Fax (727) 536-1761

July 7, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Rein-statement
Know Thyself, Inc.

Gentlemen:

Please find enclosed the Corporation Non Profit Rein-statement form the above named corporation. The taxpayer was administratively dissolved on September 19, 2003 due to failure to file corrections to the 2003 annual report. The taxpayer is out of the country and I signed the return and paid the fee timely for 2003 and never received the form to be corrected. I would like to request an abatement of any rein-statement fees for 2003 since the report was filed timely and the fee paid timely. Also, find a check for \$61.25 for the 2004 annual non-profit fee to continue the corporation.

If any additional information is needed please call me.

Sincerely yours,

Dennis H. Cook, CPA