


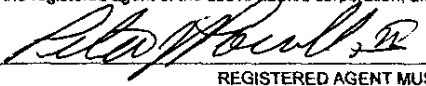
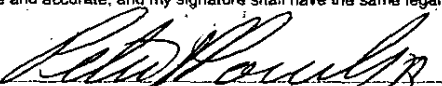
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

| CORPORATION<br>REINSTATEMENT  |                                   | <br>FLORIDA DEPARTMENT OF STATE<br>Jim Smith<br>Secretary of State<br>DIVISION OF CORPORATIONS |                       |
|---|-----------------------------------|---|-----------------------|
| DOCUMENT # N94000001964   |                                   |   |                       |
| 1. Corporation Name<br>Tampa Smokers, Inc.  |                                   |   |                       |
| 2. Principal Office Address<br>413 St. Andrews Drive<br>Suite, Apt. #, etc.<br>City & State<br>Belleair, FL<br>Zip Country<br>33756 US  |                                   | 3. Mailing Office Address<br>413 St. Andrews Drive<br>Suite, Apt. #, etc.<br>City & State<br>Belleair, FL<br>Zip Country<br>33756 US  |                       |
| 4. Date Incorporated or Qualified To Do Business in Florida<br>04/20/1994   |                                   | 5. FEI Number<br>59-3237346<br>Applied For<br>Not Applicable  |                       |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status  |                                   |   |                       |
| 7. Name and Address of Current Registered Agent   |                                   |   |                       |
| Name<br>Peter J. Porcelli II  |                                   |   |                       |
| Street Address (P.O. Box Number is Not Acceptable)<br>413 St. Andrews Drive   |                                   |   |                       |
| Suite, Apt. #, Etc.   |                                   |   |                       |
| City<br>Belleair  |                                   | State<br>FL   | Zip Code<br>33756     |
| 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.<br>Signature of Registered Agent  Date 11/07/02<br>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    |
| D   | Peter J. Porcelli II              | 413 St. Andrews Drive   | Belleair, FL 33756    |
| S, T  | Bonnie A. Harris                  | 2620 Kavalier Drive   | Palm Harbor, FL 34684 |
| D   | Nicolas Porcelli                  | 413 St. Andrews Drive   | Belleair, FL 33756    |
|   |                                   |   |                       |
|   |                                   |   |                       |
|   |                                   |   |                       |
| 100015177121<br>04/02/03--01055--006 **358.75   |                                   |   |                       |
| 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:   |                                   | 11/07/02 727-446-7752   |                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   | Date Daytime Phone #  |                       |

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