PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMEN	T



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Corporate No. N96000001416

1. Corporation Name

THEB THE TARY OF STATE TOTAL OF CORPORATIONS

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Tamr	a Bav	Trade Point,	Inc.									
- c[,	Trade roins,	±11C•	11/57	ነ <u>ይ</u>	60024	30					
2. Principal Office Address			3. Mailing C	3. Mailing Office Address					1			
1519 N Dale Mabry Hwy								Filips 174 Edition 198-00				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				A company of many purposes of the company of the co					
Suite 100							4. Date Incorporated or Qualified To_Do_Business in Florida 3/14/96***					
City & State			City & State				5. FEI Number Applied For					
Zip 3	3549	Zip	Country			7.5	Not—Applicable Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status					
7. Name and Address of Current Registered Agent												
٧,	Name J. Meredith Wester Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)									01092U	1 1 .50	
	1519 N Dale Mabry Highway Suite, Apt. #, Etc. Suite 100 City						6000031328960. -02/11/0001092002 State***********************************					
			Lutz	•	2.3	المتنفذ المستوالية			FL 335			
Signature of Registered	, (e registered agent of the abo	ve named corpo	BU	Je	ith and accept	the obii	gations of section	on 607.0505 or 617.0503	18 - X	900	
9. Names	and Street A	ddresses of Each Officer and	l/or Director (Flo	orida nonpro	fit corpo	rations must list	st at leas	st 3 directors)			i	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip			
-Q A	Jay Ayres 3058 Wister C				Ci	ircle Valrico, FL 33594						
DRO	Patrick Dugan			4	419 Belle Point Driv				e St Pete Beach, FL			
07	Stephen J. Toner			4205 Saltwater Bl				Blvd	Tampa, FL 33615			
Т	Ray Fleming			/F/ 8	N 8808 Roberts Ro				Odessa, FL 33556			
9.0	Bill Moore			2806 Brucken R				oad	Valrico, FL 33594			
DED	J Meredith Wester 1					N Dale	Mal	ory Hwy	y Lutz, FL 33549			
		officer or director or the recei										

IO. 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 filling 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 find 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.15.00

813.661.4503

Daytime Phone #