


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

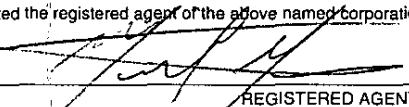
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000094408			
1. Corporation Name IsABomb Entertainment INC.			
2. Principal Office Address 3315 N Jefferson ST Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Tampa		City & State FL	
Zip 33603	Country Hillsborough	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida Oct 6' 200	
		5. FEI Number 263-55-8345	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -1 AM 11:06

REINSTATEMENT 01-04
6/21/04 01090 001 \$1,000.00

7. Name and Address of Current Registered Agent			
Name David Gay			
Street Address (P.O. Box Number is Not Acceptable) 3315 N Jefferson ST 200039016162			
Suite, Apt. #, Etc. 07/12/04 01045 000 **200.15			
City Tampa		State FL	Zip Code 33603

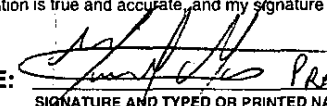
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **Date** 6-29-04

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 Each Officer and/or Director	City / State / Zip
Pres	David Gay	3315 N Jefferson ST	Tampa FL 33603
Vicepres	SAME	SAME	SAME
Sec	SAME	SAME	SAME
TREAS			

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 David Gay **Date** 6-29-04 **Daytime Phone #** 813-785-7903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)