*- TPLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	06 MAY -5 MID: 59
DOCUMENT # P01000039378 1. Corporation Name		TALE AND THE STATE OF A
. Rebecca R. Thor	P. A	200075286418 0S/2S/0601044006 **1050.00
2. Principal Office Address	3. Mailing Office Address	
332 Bostwick Ave	Some	REINSTATEMENT HOLD
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 4/16/01 5. FEI Number Applied For
Day town Beach FC	Same	59-3715089 Not Applicable
2ip ' Country 32/18 U.S	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Rebecca R thore Street Address (P.O. Box Number is Not Acceptable) 33- Sostwick Avenue Suite, Apt. #, Etc. City State Zip Code		
Day tons Sea	<u> </u>	State Zip Code FL 32118
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		
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 Eac Officer and/or Directo	
PUST Rebecca R. Than	330 Bostwick	Au De, ton, Act 12 32116
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 contained in Chapter 119, 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** **Page 1.5.** **Page		
SIGNATURE: Rebect / Hor SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		