

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div style="text-align: right;">FILED 03 OCT 10 PM 5:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
DOCUMENT # P01000098727 1. Corporation Name PENLAND VENTURES, INCORPORATED			
2. Principal Office Address 4830 W. Kennedy Blvd. Suite, Apt. #, etc. Ste 695 City & State Tampa FL Zip 33609		3. Mailing Office Address 4830 W. Kennedy Blvd. Suite, Apt. #, etc. Ste 695 City & State Tampa FL Zip 33609	
		4. Date Incorporated or Qualified To Do Business in Florida 10/10/2001	
		5. FEI Number 59-3753149 <div style="float: right;"><input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</div>	
		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 Kocarek, Penny R.			
Street Address (P.O. Box Number is Not Acceptable) 4830 W. Kennedy Blvd. 900024241919 Suite, Apt. #, Etc. Ste 695 10/29/03--01012--029 **545 00			
City Tampa		State FL	Zip Code 33609
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 <u>Penny R. Kocarek</u> Date <u>10-7-03</u> 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 Officers and/or Director	City/State/Zip
DP	Harris, Roland A.	4830 W. Kennedy Blvd. Ste 695	Tampa FL 33609
DST	Kocarek, Penny R.	4830 W. Kennedy Blvd. Ste 695 900024241919 10/29/03--01012--030 **205.00	Tampa FL 33609
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)(f), 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: <u>Penny R. Kocarek</u> Penny R. Kocarek 10-7-03 813-282-8834 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			