

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|-----------------------------------|
| DOCUMENT # <i>PO1000105178</i> | | | |
| 1. Corporation Name <i>Tiberius Enterprises, Inc.</i> | | | |
| 2. Principal Office Address <i>14600 Gulf Blvd</i> | 3. Mailing Office Address <i>P O Box 8452</i> | 4. Date Incorporated or Qualified To Do Business in Florida <i>2001</i> | |
| Suite, Apt. #, etc. <i>503</i> | Suite, Apt. #, etc. | 5. FEI Number <i>59-3751840</i> | |
| City & State <i>Madeira Beach</i> | City & State <i>Roanoke VA</i> | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| Zip <i>33708</i> | Country <i>USA</i> | Zip <i>24014</i> | |
| 7. Name and Address of Current Registered Agent | | | |
| Name <i>David J. Scheiderer</i> | | | |
| Street Address (P.O. Box Number is Not Acceptable) <i>14600 Gulf Blvd</i> | | | |
| Suite, Apt. #, Etc. <i>503</i> | | | |
| City <i>Madeira Beach</i> | | | |
| 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 <i>David J. Scheiderer Pres</i> | | | |
| REGISTERED AGENT MUST SIGN | | | |
| Date <i>6-7-06</i> | | | |
| 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 |
| <i>P</i> | <i>David J. Scheiderer</i> | <i>14600 Gulf Blvd #503</i> | <i>33708 Madeira Beach FL</i> |
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| 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: <i>David J. Scheiderer</i> | | Date <i>6/7/06</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # <i>540-342-2844</i> | |

FILED
06 JUN 12 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03-06
CR2E081 (12/05)

June 7, 2006

To Whom It May Concern,

I wanted to advise the Florida Department of State that Tiberius Enterprises, Inc. did not receive the annual report notices for the past several years. Our mailing address had changed and this has just been brought to our attention. Please find my check enclosed for \$608.75 for the reinstatement fee and Certificate of Status.

Regards,


David J. Scheiderer, President
Tiberius Enterprises, Inc.
540-342-2844-Phone
540-342-3510 Fax
PO Box 8452
Roanoke, VA 24014