




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000085019			
1. Corporation Name Sea Force TX, Inc.			
2. Principal Office Address 12277 U.S. Highway 41W Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Palmetto Florida		City & State Florida	
Zip 34221	Country U.S.A.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 8/2002		5. FEI Number 223861485	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Ronald J. Bookstool Sr.			
Street Address (P.O. Box Number is Not Acceptable) 7107 24th Ave W.			
Suite, Apt. #, Etc.			
City Bradenton		State FL	Zip Code 34209
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 8/16/05	
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	Ronald J. Bookstool Sr.	7107 24th Ave W.	Bradenton FL 34209
VPres	Andrew J. Distler	819 Symphony Isle B	Apollo Beach, FL 33572
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: 		Date 8/16/05	Daytime Phone # 941-721-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

REINSTATEMENT

03-05

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