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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

05 MAY 26 AM 11:59  
 REINSTATEMENT 03-05

**DOCUMENT #** P02000119382

**1. Corporation Name**  
 TIMESHARING, INC

W05-24659

<b>2. Principal Office Address</b> 2021 TANGLEWOOD DRIVE NE Suite, Apt. #, etc. City & State ST. PETERSBURG, FL Zip 33702		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country	
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/06/2002	
<b>5. FEI Number</b> 13-4239673	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name MARK C. DANN	
Street Address (P.O. Box Number is Not Acceptable) 2021 TANGLEWOOD DRIVE NE Suite, Apt. #, Etc. City ST. PETERSBURG	
State FL	Zip Code 33702

100055342001  
 05/26/05--01002--003 \*\*450.00

**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 \_\_\_\_\_

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
P	MARK C. DANN	2021 TANGLEWOOD DRIVE NE	ST. PETERSBURG, FL 33702

**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:** Mark C. Dann **MARK C. DANN** **PRESIDENT** **5/5/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (01/05)

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## **Timesharing, Inc.**

Mark Dann, President  
2021 Tangelwood Drive NE  
St. Petersburg, FL 33702

• May 5, 2005

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

\$450  
Enclosed please find my Uniform Business Report and check in the amount of \$300 to cover the fee for filing for 2004 and 2005.

I never received my original UBR renewal for the year 2004 or 2005. My current address is listed above.

Please accept the enclosed report and the check for the original filing fees.

Thank you in advance for your cooperation.

Sincerely,

  
Mark C. Dann