
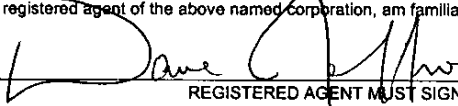
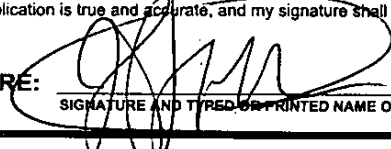


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 DEC 20 AM 10:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100062280591 12/20/05--01007--006 **150.00 CR2E081 (8/05) 05	
DOCUMENT # P03000070012				
1. Corporation Name Tampa Bay Clipper, Inc.				
2. Principal Office Address 608 9th Avenue North Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		
City & State St. Petersburg, FL		City & State		
Zip 33701	Country USA	Zip	Country	
		4. Date Incorporated or Qualified To Do Business in Florida Jan 2004		
		5. FEI Number 134257691	Applied For <input type="checkbox"/> Not Applicable	
		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 Jeffries, David M.				
Street Address (P.O. Box Number is Not Acceptable) Bank of America Plaza, Suite 3000				
Suite, Apt. #, Etc. 101 E. Kennedy Blvd.				
City Tampa		State FL	Zip Code 33602	
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 11/22/05		
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	
P/S	JOHN W. BERGLONE	608-9th Ave. N.	St. Petersburg, FL - 33701	
V/I	Sven R. BERGLONE JR	407 Sophomore Ct	Bel Air, MD - 21015	
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: 		Sven R. BERGLONE JR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Dec 5 2005	Daytime Phone # 227-534-8331	

TAMPA BAY CLIPPER, INC.

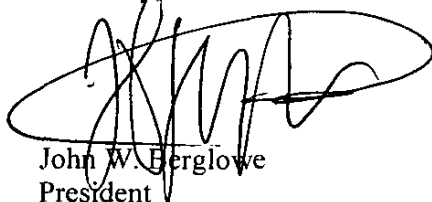
December 5, 2005

FL Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed are the Corporate Reinstatement document and a check in the amount of \$150.00 to secure the reinstatement of Tampa Bay Clipper, Inc. This corporation was reportedly dissolved due to the Annual Report Form not being filed. This report was not filed because all related information was sent to an incorrect address contained in state records.

Sincerely,

A handwritten signature in black ink, appearing to read 'John W. Berglowe', is written over a horizontal line.

John W. Berglowe
President
Tampa Bay Clipper, Inc

/jb
Enclosures

TAMPA BAY CLIPPER, INC.
608 - 9th Avenue North / St. Petersburg, FL / 33701