

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>																													
<b>DOCUMENT #</b> <i>P03000070012</i>		<b>FILED</b> <b>05 DEC 20 AM 10: 15</b> <b>FLORIDA DEPARTMENT OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>																													
<b>1. Corporation Name</b> <i>Tampa Bay Clipper, Inc.</i>		<b>100062280591</b> <i>12/20/05--01007--006 44150.00</i>																													
<b>2. Principal Office Address</b> <i>608 9th Avenue North</i> <i>Suite, Apt. #, etc.</i>		<b>3. Mailing Office Address</b> <i>Suite, Apt. #, etc.</i>																													
<i>City &amp; State</i> <i>St. Petersburg, FL</i>		<i>City &amp; State</i>																													
<b>Zip</b> <i>33701</i>	<b>Country</b> <i>USA</i>	<b>Zip</b>	<b>Country</b>																												
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <i>JAN 2004</i>																															
<b>5. FEI Number</b> <i>134257691</i> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Applied For</td> <td><input type="checkbox"/> Not Applicable</td> </tr> </table>				<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable																										
<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable																														
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>																															
<b>7. Name and Address of Current Registered Agent</b> <b>Name</b> <i>Jeffries, David M.</i> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <i>Bank of America Plaza, Suite 3000</i> <b>Suite, Apt. #, Etc.</b> <i>101 E. Kennedy Blvd.</i> <b>City</b> <i>Tampa</i> <b>State</b> <i>FL</i> <b>Zip Code</b> <i>33602</i>																															
<b>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.</b> <b>Signature of Registered Agent</b> <i>Dave C. Jeffries</i> <b>Date</b> <i>11/22/05</i> <b>REGISTERED AGENT MUST SIGN</b>																															
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1"> <thead> <tr> <th><b>Titles</b></th> <th><b>Name of Officers and/or Directors</b></th> <th><b>Street Address of Each Officer and/or Director</b></th> <th><b>City / State / Zip</b></th> </tr> </thead> <tbody> <tr> <td><i>P/S</i></td> <td><i>JOHN W. BERGLOWE</i></td> <td><i>608-9th Ave. N.</i></td> <td><i>ST. Petersburg, FL - 33701</i></td> </tr> <tr> <td><i>V/T</i></td> <td><i>Sven R. Berglowe JR</i></td> <td><i>407 Sophomore CT</i></td> <td><i>Baltimore, MD - 21015</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>	<i>P/S</i>	<i>JOHN W. BERGLOWE</i>	<i>608-9th Ave. N.</i>	<i>ST. Petersburg, FL - 33701</i>	<i>V/T</i>	<i>Sven R. Berglowe JR</i>	<i>407 Sophomore CT</i>	<i>Baltimore, MD - 21015</i>																
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>																												
<i>P/S</i>	<i>JOHN W. BERGLOWE</i>	<i>608-9th Ave. N.</i>	<i>ST. Petersburg, FL - 33701</i>																												
<i>V/T</i>	<i>Sven R. Berglowe JR</i>	<i>407 Sophomore CT</i>	<i>Baltimore, MD - 21015</i>																												
<b>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.</b>																															
<b>SIGNATURE:</b> <i>John W. Berglowe</i> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<i>Dec 5 2005 227-534-8331</i> <b>Date</b> <b>Daytime Phone #</b>																													

# 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,



John W. Berglowe  
President  
Tampa Bay Clipper, Inc.

/jb  
Enclosures

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