


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 17 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000090268	
1. Entity Name TAMPA RARE COIN GALLERY INC.	

Principal Place of Business 915 N DALE MABRY HWY STE 401 TAMPA, FL 33607	Mailing Address 915 N DALE MABRY HWY STE 401 TAMPA, FL 33607
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REINSTATEMENT 04



2. Principal Place of Business 1915 N. Dale Mabry Hwy. Suite, Apt. #, etc. Ste. 401 City & State Tampa, FL Zip 33607	3. Mailing Address 1915 N. Dale Mabry Hwy Suite, Apt. #, etc. Ste. 401 City & State Tampa, FL Zip 33607
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11032004 REIN-P CR2E098 (6/04)

4. FEI Number 32-0089167	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDSMITH, RHODA 915 N DALE MABRY HWY STE 401 TAMPA, FL 33607 3105 W. BOGER BLVD. LAKELAND, FL. 33803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1915 N. Dale Mabry Hwy. Ste. 401 City Tampa FL Zip Code 33607
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rhoda Goldsmith Rhoda Goldsmith, Registered Agent 11/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOLDSMITH, MARC 915 N DALE MABRY HWY STE 401 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1915 N. Dale Mabry Hwy., Ste. 401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GARRETT, JEFF 915 N DALE MABRY HWY STE 401 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1915 N. Dale Mabry Hwy., Ste. 401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042837369 11/17/04--01054--005 ***158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Jeff Garrett, Vice President 11/3/04 859-276-1551
Signature, typed or printed name of signing officer or director. Date: Daytime Phone #