


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000058972		
1. Entity Name T-BAY INTERIORS, INC.		

FILED
05 NOV 30 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10479 104TH AVENUE LARGO, FL 33773	Mailing Address 10479 104TH AVENUE LARGO, FL 33773
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11102005 - REIN-P CR2E098 (6/04)

City & State	City & State
Zip	Country

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BRUCE G. KAUFMANN, J.D., P.A. 8463 PARK BLVD SEMINOLE, FL 33777	
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7. Name and Address of New Registered Agent Name <u>TERRY WILSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>10479 104TH AVE</u> City <u>LARGO</u> FL <u>33773</u>	
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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: <u>Terry Wilson</u> 11-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LATRONICA, BRIAN 10479 104TH AVENUE LARGO, FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILSON, TERRY 10479 104TH AVENUE LARGO, FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAUFMANN, BRUCE G J.D. 10479 104TH AVENUE LARGO, FL 33773 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061793245 11/30/05--01040--004 **\$150.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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 all other like empowered.	
SIGNATURE: <u>Terry Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>11-15-05</u> Daytime Phone #