


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 26 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000047745	
1. Entity Name TIDE'S TREASURES, INC	

Principal Place of Business 401 E LAS OLAS BLVD BLDG 130 SUITE 300 FORT LAUDERDALE, FL 33301 US	Mailing Address 401 E LAS OLAS BLVD BLDG 130 SUITE 300 FORT LAUDERDALE, FL 33301 US
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2. Principal Place of Business - No P.O. Box # 757 NW 132 TERRACE Suite, Apt. #, etc.	3. Mailing Address 757 NW 132 TERRACE Suite, Apt. #, etc.
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City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33325	Country BROWARD



10172007 REIN-P CR2E098 (1/07)

4. FEI Number 20-2594002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SNYDER, SAMANTHA BLDG 130 SUITE 300 401 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent Name BPM INC. c/o GARY GRAY Street Address (P.O. Box Number is Not Acceptable) 2114 N. FLAMINGO RD. #225 City PENSACOLA PINES, FL Zip Code 33028

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 <i>GARY GRAY</i> Signature, typed or printed name of registered agent and title if applicable	GARY GRAY DATE 10/24/07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	P SNYDER, SAMANTHA 757 NW 132 TERRACE PLANTATION, FL 33325 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECERRA, CLAIRE 9365 NW 45 STREET SUNRISE, FL 33351 <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
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	400111394011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/26/07--01046--019 **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 exemptions contained in Chapter 119, 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: <i>Samantha Snyder</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	10/24/07 9544950585 Date Daytime Phone #

10/29/07