

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000013146 (4)**

1. Corporation Name **TREASMART INC.**

**W97-15531**

FILED

97 JUL 14 AM 8:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**7945 IDLEWILD ~~DRIVE~~ LN 1**  
**LARGO, FL ~~33777~~ 33777**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 94-97**

2. New Principal Office Address, If Applicable <b>7945 IDLEWILD LN 1</b> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <b>7945 IDLEWILD LN</b> Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida <b>07/01/94</b>
City & State <b>LARGO, FL</b>	City & State <b>LARGO, FL</b>	5. FEI Number <b>59-3219006</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip <b>33777</b> Country <b>U.S.A</b>	Zip <b>33777</b> Country <b>U.S.A</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	WARREN TREASURG	7945 IDLEWILD <del>DRIVE</del> LN 1 LARGO, FL <del>33777</del> 33777	LARGO, FL <del>33777</del> 33777
D/S	ANNE TREASURE	7945 IDLEWILD <del>DRIVE</del> LN 1 LARGO, FL <del>33777</del> 33777	LARGO, FL <del>33777</del> 33777

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 -07/16/97-01103-0012  
 \*\*\*1245.00 \*\*\*1245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **WARREN TREASURG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7945 IDLEWILD ~~DRIVE~~ LN 1**  
 Suite, Apt. #, Etc.  
 City **LARGO** State **FL** Zip Code **33777**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*  
 REGISTERED AGENT MUST SIGN

Date **6/20/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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: *[Signature]* Date **6/20/97** Daytime Phone # **813-391-8492**

CR2040 (12/96)