APPROVED AND FILED

00 MAR 22 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037103

1. Corporation Name
Kelly's Treasure, INC.

2. Principal Office Address	3. Mailing Office Address
3665 E. Bay Drive	Same
Suite, Apt. #, etc. Suite 204-144	Suite, Apt. #, etc.
City & State Largo, FL.	City & State
Zip 33771 Country Pinellas	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5-24-93

5. FEI Number 65-0411127 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Karen H. Mancuso

Street Address (P.O. Box Number is Not Acceptable): 3665 E. Bay Drive

Suite, Apt. #, Etc.: Suite 204-144

City: Largo State: FL Zip Code: 33771

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.

Signature of Registered Agent: Karen H. Mancuso Date: 3-20-00

REGISTERED AGENT MUST SIGN

CR2E031 (9/96)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	Karen H. Mancuso	3665 E. Bay Dr. Suite 204-144	Largo, FL. 33771

10. I certify that I am an officer or director of 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. 727-344-9211

SIGNATURE: Karen H. Mancuso Pres. Karen H. Mancuso 3-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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