

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 1997 APR 28 PM 1: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 993000059652					
1. Corporation Name TIFFANY REAL ESTATE, INC					
Principal Place of Business PINELLAS COUNTY			Mailing Address 504 N. FT HARRISON AV CLEARWATER, FL		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable 504 N. FT HARRISON AV Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable 504 N. FT HARRISON AV Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 82093 (8/20/93)	
City & State CLEARWATER FL		City & State CLEARWATER FL		5. FEI Number 59-3199414	
Zip 34615		Country USA		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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
AGENT OWNER	JOHN C PAOLILLO	109 HUNFORD DR	PAUM HARBOR FL 34683		
PRES & DIR	GRACE PAOLILLO	109 HUNFORD DR	PAUM HARBOR FL 34683		
				REINSTATEMENT 000002164090--9 05/02/97 01113-019 ***915.00 ***915.00 4/21/97	
8. Name and Address of Current Registered Agent JOHN C PAOLILLO 504 N. FT HARRISON CLEARWATER FL 34615 USA			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
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: REGISTERED AGENT MUST SIGN Date: 4/21/97					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/21/97 Daytime Phone #: 813 789-2295		

CR2E040 (12/96)