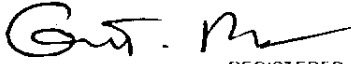
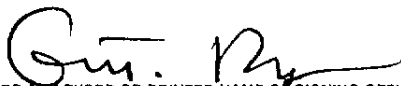


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra P. Morahan Secretary of State DIVISION OF CORPORATION	
<b>DOCUMENT #</b> P95000023062			
1. Corporation Name <b>Bayshore Ventures, Incorporated</b>			
Principal Place of Business <b>1420 Main St., Ste. 210 Sarasota, FL 34236</b>		Mailing Address <b>P.O. Box 1974 Venice, FL 34284-1974</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>4376 Presidential Ave. Cir. E.</b>		3. New Mailing Office Address, If Applicable <b>4376 Presidential Ave. Cir. E.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Bradenton, Florida</b>		City & State <b>Bradenton, Florida</b>	
Zip <b>34203</b>	Country <b>USA</b>	Zip <b>34203</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>3/20/95</b>		5. FEI Number <b>59-1855134</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
		S8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/D	Harry Walia	639 Cornwell on the Gulf	Venice, Florida 34285
VP/S/D	Govin T. Rajan	4376 Presidential Ave. Cir. E.	Bradenton, Florida 34203
<b>REINSTATEMENT 97-98</b> <b>OR 6-11</b>			
8. Name and Address of Current Registered Agent <b>Harry Walia 639 Cornwell on the Gulf Venice, Florida 34285</b>		9. Name and Address of New Registered Agent Name <b>Govin T. Rajan</b> Street Address (P.O. Box Number is Not Acceptable) <b>4376 Presidential Ave. Cir. E.</b> Suite, Apt. #, Etc. City <b>Bradenton</b> State <b>FL</b> Zip Code <b>34203</b>	
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 <b>6/1/98</b>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input 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 <b>Govin T. Rajan, Director</b>		6/1/98 Date (941) 755-2456 Daytime Phone #	

FILED  
98 JUN 10 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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