


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 96000031076			
1. Corporation Name BayCoast Group Inc			
2. Principal Office Address 11733 66th St. N Suite, Apt. #, etc. #103 City & State Largo FL Zip 33773 Country Pinellas		3. Mailing Office Address 11733 66th St. N Suite, Apt. #, etc. #103 City & State Largo FL Zip 33773 Country Pinellas	

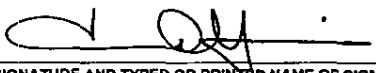
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 04/04/96	
5. FEL Number 593382525	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Andrew D. Hopping	500013737655 03/10/03--01085--020 **600 00
Street Address (P.O. Box Number is Not Acceptable) 6822 118th Place North	500013737655 03/10/03--01085--021 **600 00
Suite, Apt. #, Etc.	
City Largo	State FL Zip Code 33773

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 	Date 03/04/03
REGISTERED AGENT MUST SIGN	

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
PD	Andrew D. Hopping	6822 118th Place N	Largo FL 33773
VD	Karen H. Hopping	6822 118th Place N	Largo FL 33773

10. 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 03/04/03 727-548-4900 Daytime Phone #

CR2E081 (10/02)