

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000071584			
1. Corporation Name PIECE OF THE PAST, INC.			
Principal Place of Business		Mailing Address	
2240 PALM BEACH LAKES BLVD. (SUITE 310) WEST PALM BEACH, FL. 33409			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 2240 Palm Beach Lakes Blvd		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. 310		Suite, Apt. #, etc.	
City & State W. Palm Beach, FL.		City & State	
Zip 33409 Country USA		Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 8/96		5. FEI Number 57-9631124	
CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <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
P	SAMUEL KEVIN MARTIN	2240 Palm Beach Lakes # 310 W. Palm Beach, FL 33409	West Palm Beach, FL 33409
VP	ANDJELIKA MARTIN	2240 Palm Beach Lakes # 310 W. Palm Beach, FL 33409	W. Palm Beach, FL 33409
S	VERICA BANYAC	2240 Palm Beach Lakes # 310 W. Palm Beach, FL 33409	W. Palm Beach, FL 33409
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
Name ANDJELIKA MARTIN			
Street Address (P.O. Box Number is Not Acceptable) 2240 Palm Beach Lakes Blvd			
Suite, Apt. #, Etc. STE 310			
City W. Palm Beach State FL Zip Code 33409			
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]		Date 2-22-99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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]		Date 2/22/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SAMUEL KEVIN MARTIN		Daytime Phone # (561-689-7079)	