

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 APR 26 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002569

1. Corporation Name

TREPIDATION, INC.

2. Principal Office Address

30 S. Harbor Drive

3. Mailing Office Address

30 S. Harbor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Largo, Florida

City & State

Key-Largo, Florida

Zip

33037

Country

USA

Zip

33037

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1-6-1997

5. FEI Number

65-0725240

Applied For

Not Applicable

6. CERTIFICATE OF STATUS OBTAINED

24.75 Additional Fee Required
if a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES W. BROEMAN II

Street Address (P.O. Box Number is Not Acceptable)

30 S. HARBOR DRIVE

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent

Charles W. Broeman II
REGISTERED AGENT MUST SIGN

April 25, 2001

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	CHARLES W. BROEMAN II	40 S. HARBOR DRIVE	KEY LARGO, FL 33037
			800004194548-8
			05/10/01 01134-03
			***1200.00 ***1200.00
		REINSTATEMENT	AS of 7/3
		REINSTATEMENT	

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)(c), F.S. The information indicated on this application is true and accurate, and this information shall have the same legal effect as if made under oath.

SIGNATURE:

Charles W. Broeman II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)

April 25, 2001

Date

1-305-367-3273

Daytime Phone #

Charles W. Broeman II