PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 FEB 18 AM 8: 18
DOCUMENT # P9700002 4 32 6 1. Corporation Name		SECRETARY OF STATE FALLAHASSEE, FLORIDA
Seabreeze Custom Canvas. Im.		
	· · · · · · · · · · · · · · · · · · ·	_ 1
2. Principal Office Address Slook Bench Dr. Suite, Apt. #, etc.	3. Mailing Office Address 8606 Bench Dr. Suite, Apt. #, etc.	6000050250269 -02/28/0201002013
city a State Port Richey, FL.	city & state Port Richey Florida	4. Date Incorporated or Qualified To Do Business in Florida March 18, 1997 5. FEI Number Applied For Not Applied For
34668 Country 3	Zip Country 34668	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7- Name and Address of Current Registered Agent		
Name Sandra L. Delgado		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
New Port	State Ztp Code FL 34654	
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 Samula Registered Agent Outst SIGN Date 2/12/02 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 Ea Officer and/or Direct	
owner Patricia L.M	Norras 8615 Rosean	on Blud New Port Richey FL34854
	orraw 8615 Rosean	nn Blud New Port Richay FL3465
Pres. Bobby W. M	orraw 9435 Spare	: Drive New Port Richey FL34654
Pres. Sandra L. Dela	ado 9465 spare	Drive New Port Richer 17 34659
	· /	
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 filling 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 socurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR Date Date Date		
8 SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone # 4//

SEABREEZE CUSTOM CANVAS; INC.

8606 Bench Drive Port Richey,Fl.,34668

Phone (727) 842-4110

February 11, 2002

To whom it may concern,

The auditor for the state of Florida brought to my attention on 02-11-02 that my corporation is listed as inactive. When I called I was instructed to send a check for the amount of 450.00. I was also told the reason I have not received any notices is because the address is listed wrong and the mail was returned to your department. Please note the correct address is 8606 Bench Drive. I believe you were sending my forms to Beach Drive.

Sincerely,

Sanska L Delgade Vice President