

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>APPROVED AND FILED</b>  99 DEC 13 PM 1:22  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>P97000031791</b>					
1. Corporation Name <b>Cliffco of Tampa Bay, Inc.</b> <b>46 United Corporate Services, Inc.</b> <b>801 N.E. 167th Street, Suite 300</b> <b>N. Miami Beach, FL 33162</b>					
Principal Place of Business <b>46 United Corporate Services, Inc.</b> <b>801 N.E. 167th Street, Suite 300</b> <b>N. Miami Beach, FL 33162</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>215 Vollmer Avenue</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>215 Vollmer Avenue</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>4/8/97</b>	
City & State <b>Oldsmar, FL</b> Zip <b>34677</b> Country		City & State <b>Oldsmar, FL</b> Zip <b>34677</b> Country		5. FEI Number <b>05-0750742</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <b>40000301000</b>					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4	-12/22/99--01052--024 ****908.75 ****908.75	
<b>Pres</b>	<b>Kostas Hatzikoutelis</b>	<b>215 Vollmer Avenue</b>	<b>Oldsmar, FL 34677</b>	-12/22/99--01052--024 ****908.75 ****908.75	
8. Name and Address of Current Registered Agent <b>United Corporate Services, Inc.</b> <b>801 N.E. 167th Street Suite 300</b> <b>N. Miami Beach, FL 33162</b>				9. Name and Address of New Registered Agent Name <b>Robin S. Bowen</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 Vollmer Avenue</b> Suite, Apt. #, Etc. City <b>Oldsmar, FL</b> State <b>FL</b> Zip Code <b>34677</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 <b>Robin S. Bowen</b> Date <b>12/7/99</b> 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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>12/7/99</b> 813-891-6626 Daytime Phone #	

CP-2001 (12/98)