

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 22 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000085443

1. Corporation Name
SMOKING BULL'S, INC.

Principal Place of Business Mailing Address
3040 GULF TO BAY BLVD SUITE 100 CLEARWATER, FLORIDA 34619 3040 GULF TO BAY BLVD SUITE 100 CLEARWATER, FLORIDA 34619

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
10975 49TH STREET NORTH SUITE, APT. #, ETC. UNIT 17 CLEARWATER, FLORIDA 33762 USA

3. New Mailing Office Address, If Applicable
10975 49TH STREET NORTH SUITE, APT. #, ETC. UNIT 17 CLEARWATER, FLORIDA 33762 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3504672

6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<u>D.P.</u>	<u>ARUCE RAY</u>	<u>6251 105TH AVENUE NORTH</u>	<u>PIDELLAS PARK, FLORIDA 33782</u>
<u>T.S.</u>			

9800002724119-0
-12/29/98--01003--002
****750.00 ****750.00

REINSTATEMENT

98
56 12-22-98

8. Name and Address of Current Registered Agent
THOMAS J. KENNEDY
3040 GULF TO BAY BOULEVARD
SUITE 100
CLEARWATER, FLORIDA 34619

9. Name and Address of New Registered Agent

Name BRUCE RAY

Street Address (P.O. Box Number is Not Acceptable)
10975 49TH STREET NORTH

Suite, Apt. #, Etc. UNIT 17

City CLEARWATER State FL Zip Code 34619

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 Bruce Ray REGISTERED AGENT MUST SIGN Date 12/21/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

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: Bruce Ray SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/21/98 Daytime Phone #

CR2E040 (1/98)