


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Matthew E. Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 SEP 10 AM 10:35	
DOCUMENT # P98000036317					
1. Corporation Name The Clay Cafe of Tampa, Inc.					
2. Principal Office Address 1729 E. 7th Ave Suite, Apt. #, etc. — City & State Tampa FL Zip 33605 Country USA		3. Mailing Office Address 84 Davis Blvd. Suite, Apt. #, etc. 604 City & State Tampa, FL Zip 33606 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59-351-0083 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	Jodie Anderson
Street Address (P.O. Box Number is Not Acceptable)	84 Davis Blvd.
Suite, Apt. #, Etc.	604
City	Tampa
State	FL
Zip Code	33606

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		Date 08-19-01	
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 Each Officer and/or Director	City / State / Zip
President	Jodie Anderson	84 Davis Blvd. #604	Tampa, FL 33606

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)(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: Jodie Anderson **08-19-01** **813-253-5453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

July 17, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement

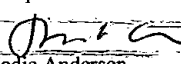
Dear Sirs:

I am a new small business owner originally incorporated in 1998. It recently came to my attention that my corporation status had been dissolved.

As a sole, small business owner, I pay stacks of bills every month. This includes several monthly state bills (i.e. Sales tax, surcharge reports,...) Unfortunately, I was unaware that I was required to complete an Annual Report for my new business. Additionally, I don't recall receiving any notification of my requirement or my dissolution.

In an effort to continue my good standing with the state, I talked to your department for direction on reinstatement. As a result, I have enclosed a check for \$300.00 to cover the annual report fee and the corporate supplemental fee for years 2000 and 2001.

I hope this will take care of my obligations. Please contact me with confirmation of my reinstatement.


Jodie Anderson
Owner
The Clay Café of Tampa, Inc.
1729 E. 7th Avenue, Tampa, FL, 33605
813-727-7327