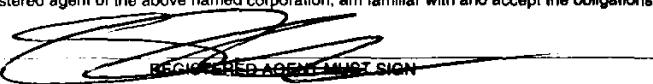


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000051524			
1. Corporation Name Tiger Mart of Sarasota, Inc.			
Principal Place of Business 5021 Sturbridge Ct. Sarasota, FL 34238		Mailing Address 5021 Sturbridge Ct. Sarasota, FL 34238	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
4. Date Incorporated or Qualified To Do Business in Florida June 8, 1998		5. FEI Number 100003043411--1	
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2 D Poonam Ghay	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 5021 Sturbridge Ct.	4 City / State / Zip Sarasota, FL 34238
			100003043411--1 -11/12/99--01120--005 *****750.00 *****750.00
			100003043411--1 -11/12/99--01120--006 *****8.75 *****8.75
8. Name and Address of Current Registered Agent Poonam Ghay 5021 Sturbridge Ct. Sarasota, FL 34238			9. Name and Address of New Registered Agent Name Steven W. Moore Street Address (P.O. Box Number Is Not Acceptable) 2240 Belleaire Road Suite, Apt. #, Etc. Suite 100 City Clearwater State FL Zip Code 33764
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.			Date 10/22/99
Signature of Registered Agent 			RECEIVED 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.			 Date 10/22/99 Daytime Phone # 727-533-0810
SIGNATURE: 		SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	