


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000067183</b> 1. Entity Name <b>TOWN IMPROVEMENT ASSOCIATION, INC.</b>	
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FILED  
 2006 JUN 12 PM 3:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>338 1ST AVE N.                  ST. PETERSBURG, FL 33701</b>	Mailing Address <b>338 1ST AVE. N.                  ST. PETERSBURG, FL 33701</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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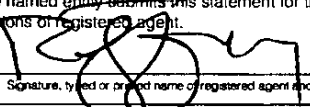
City & State	City & State
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Zip	Country	Zip	Country
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05162006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent  <b>ARSENAULT, KENNETH G JR.                  10225 ULMERTON ROAD                  SUITE 2                  LARGO, FL 33771</b>	7. Name and Address of New Registered Agent Name <b>Robert W. Jeffrey</b> Street Address (P.O. Box Number is Not Acceptable)  <b>32302 1st Avenue North</b> City <b>St. Petersburg FL</b> Zip Code <b>33713</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  6.8.06

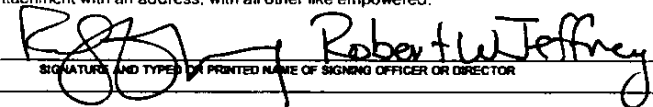
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input type="checkbox"/> Delete <b>JEFFREY, ROBERT W</b> <b>3381 FIRST AVENUE N.</b> <b>SAINT PETERSBURG, FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DVP</b> <b>CLEMMONS, TIMOTHY M</b> <b>338 FIRST AVENUE N.</b> <b>ST. PETERSBURG, FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-weight: bold; text-align: center;">                         B 6/4/06                          REINSTATEMENT 05-06                     </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

300076396413  
 06/20/06--01062--023 \*\*900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  5.22.06 727542 4780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #