

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 00 MAR 15 AM 9:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000068528					
1. Corporation Name Bancshareholders of America, Inc.					
Principal Place of Business 1011 State Street, Suite E Santa Clara, CA 93101		Mailing Address 829 Bethel Rd # 117 Columbus, OH 43214			
If above addresses are incorrect in any way line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable 829 Bethel Rd #117		3. New Mailing Address, if Applicable Suite, Apt. #, etc. # 117		4. Date Incorporated or Qualified To Do Business in Florida 8/5/1998	
City & State Columbus, Ohio		City & State Columbus, Ohio		5. FEI Number 341917191	
Zip 43214 Country USA		Zip Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	2	3	4		
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		
Pres.	Bradley Smith	829 Bethel Rd. #117	Columbus, OH 43214		
8. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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 <u>Bradley Smith</u> Date <u>3-6-00</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Bradley Smith, President</u> Date <u>3/3/00</u> (614) 263-2262 SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR					