

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 17 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000071214**

1. Corporation Name

TreasureCom, Inc

W03-2685Z

REINSTATEMENT 02-03

2. Principal Office Address

3965 Investment Lane

3. Mailing Office Address

3965 Investment Lane

Suite, Apt. #, etc.

Suite A5

Suite, Apt. #, etc.

Suite A5

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33404

Country

Palm Beach

Zip

33404

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/14/98

5. FEI Number

65-0858190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A. - Lawyers

Street Address (P.O. Box Number is Not Acceptable)

343 ALMERIA AVENUE

000023872150

Suite, Apt. #, Etc.

10/17/03--01025--028 **900.00

City

CORAL GABLES

State

FL

Zip Code

33134

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/14/03

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
CEO	Michael Treasure	5314 53rd	West Palm Beach/Florida/33409
CIO	Moses Maina	3965 Investment Lane, Suite A5	West Palm Beach/Florida/33404
			000023872150 10/17/03--01025--029 **159.00

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:

[Signature]

MICHAEL TREASURE

09/17/03

561 981 9633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21 10/21