PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION				ecretary	MENT C of State					SS SINTER		
DOCUMENT # P99000083426 1. Corporation Name											03 MAR 11	RE ISBN	
- MORE TODAY, INC.									ORPORATIO				
2. Principal	I Office Addres	s		3. Mailing Office Address							<u>2</u>	<u> </u>	
1511 Gulf Blvd				1511 Gulf Boulevard				4/					
Suite, Apt. #, etc. Suite 5				Suite, Apt. #, etc. Suite 5				4. Date Incorporated or Qualified To Do Business in Florida 09/16/99					
City & State Indian Rocks BeachFL					Indian Rocks Beach, FL				5. FEI Number Applied For 59-3599322 Not Applicable				
^{Zip} 3371	33785 Country U.S.A.			33785 Country U.S.A.				CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name													
	Michael Albright Street Address (P.O. Box Number is Not Acceptable) 1511 [Gulf Boulevard Suite, Apt. #, Etc. Suite 5 City Indian Rocks Beach								1.0001331068: 03711703=-01019002 **300.00 State ZinCode FL 33785				
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 Must agent Must Sign													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le								<u>.</u>				·	
Titles	Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director				City / State / Zip				
D.	Anthony Swick					- 1 - -	Blvd,	Ste5 Ste 5	FL	an Rocks 33785 an Rocks		·	
D	Michael Albright			;	1311	Guii				33785			
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 filling 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													

H.B. Ross & Co.

Accounting and Tax Practice

8801 Hunters Lake Dr., Suite 1023 Tampa, PL 33647 Office (813) 994-1002
Fax (813) 994-2402

E-Mail: HBRossandCO@cs.com

February 7, 2003

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sirs,

MORE TODAY, INC. P99000083426

We enclose herewith an application for Corporate reinstatement for the above named client. The form has been completed and is submitted together with a check for \$300.00 to cover the fees in this matter.

The Uniform Business Report was not received by our client for 2002. As a result of this there was no filing for that year and the corporation was administratively dissolved.

Yours faithfully

Mr Ross