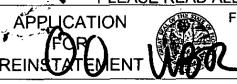
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000085519**

FILED

1. Corporation Name					20 404 -10 by 1:00		
TURT	LE BEACH TRADING, I	NC.		İ	e E		
Principal P	Place of Business	ddress ATE ROAD A1A RNE BEACH FL 32951					
	addresses are incorrect in any way, line t						
3830 S. HWY AIA Drift			woodPlaza		Date Incorporated or Qualified To Do Business in Florida 09/27/1999		
Suite, Apt.	#, etg	Suite, Apt. #, e	Sam	e	5. FEI Number	r	Applied For
City & State	Aprila Beach	City & State			59-	360-4633	Not Applicable
Zip マック	Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED For a C	Iditional Fee required ertificate of Status
7. Names	and Street Addresses of Each Officer ar	d/or Director (Flori	da nonprofit	corporations must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3		ı	City / State / Zip	
D	PLANK, SUSAN E		3830 STATE ROAD A1A		MELBOURNE BEACH FL 32951		
	1				9	00003470E 11720/00-01: ****150.00	:599 !18016- ****150.00
			to halab are		, v.a.	No.	-11/16
	8. Name and Address of Curre			9. Name and	and Address of New Registered Agent		
TAYLOR, STEPHANIE 3830 STATE ROAD A1A MELBOURNE BEACH FL 32951 10. I, being appointed the registered agent of the above named corpor				Street Address (PQ Box Number is Not Acceptable) Street Address (PQ Box Number is Not Acceptable) Suite, Apt. #, Eight State Atv State Zip Code FL 3,2951 amiliar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered	Agent Lecia III Julia	REGISTERED AGE	NT MUST S	QUISTO IGN	7.7.4	Date 10/16/03	
this rei	y that I am an officer or director or the re- nstatement application, the reason for di- by the corporation have been paid and the application is true and accurate, and my	ssolution has been on the solution has been on the solution has been a solution as the solution in the solution has been a sol	eliminated, thus als listed on	e corporate name satisfies this form do not qualify for	the requirements an exemption un	of section 607.0401 or 617.0401, I	F.S., that all fees

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/16/00 321-727-3615

Turtle Beach Trading, Inc. 3830 A1A South Driftwood Plaza, Suite 3 & 4 Melbourne Beach, FL 32951 321-727-3615



October 18, 2000

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

Ref: Reinstatement of Document# P99000085519

Dear Department of State:

We Incorporated on 9/27/99, we did not open our store at the above address until the end of March of 2000. Your mailing of our first Annual Report was returned to you. We just became aware of this today, October 18, 2000.

We are new in business and would have filed our report on time, if we received it. We are now aware of your procedure and due dates for this annual report. This will not happen again:

We are requesting you reinstate our corporation and grant a waiver on reinstatement additional fee. This would be a real hardship.

We are in a big plaza and we can see how it was undeliverable. At the time of the original delivery our postman was not aware of our business. Since we have been in business since March, 2000 he did deliver this notice. Please note our address change on the application for reinstatement.

Turtle Beach Trading, Inc. 3830 A1A South Driftwood Plaza, Suite 3 & 4 Melbourne Beach, FL 32951

Your help would be deeply appreciated. Enclosed is a check for \$150.00, check #5339.

Thank you,

Susan E. Plank, President