MAY-10-2000 09:46 CT CORP SYSTEM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY 12 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # S83982

1. Corporation Name
RESTORATION INVESTMENTS, INC.

REINSTATEMENT 97-00

2. Principal Office Address	3. Mailing Office Address
1301 E. NOME ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. —
City & State: TAMPA FL	City & State —
Zip: 33604 Country: HILLSBOROUGH	Zip — Country —

4. Date Incorporated or Qualified To Do Business in Florida: 9/30/91

5. FEI Number: 59-3084207 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

Name: DAVID ZAUMEYER
Street Address (P.O. Box Number is Not Acceptable): 1301 EAST NOME STREET
Suite Apt #, Etc.:
City: TAMPA State: FL Zip Code: 33604

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] Date: 5/11/00
REGISTERED AGENT MUST SIGN David Zaumeyer

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
PRES	DAVID ZAUMEYER	1301 E. NOME ST,	TAMPA / FL / 33604
SEC	" "	TAMPA FL 33604	
TRES	" "		
			KE

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] 5/11/00 813-758-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David Zaumeyer, Pres/Sec/Tres. Date Daytime Phone #

TOTAL P.02