


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 12 PM 1:52	
<b>DOCUMENT #</b> <u>V01424</u>					
<b>1. Corporation Name</b> <u>BLACK T-PA INC.</u>					
<b>2. Principal Office Address</b> <u>2696 Jewel Rd.</u> Suite, Apt. #, etc. City & State <u>Belleair Bluffs, FL</u> Zip Country <u>33770 US</u>		<b>3. Mailing Office Address</b> <u>2696 Jewel Rd.</u> Suite, Apt. #, etc. City & State <u>Belleair Bluffs, FL</u> Zip Country <u>33770 US</u>		<b>REINSTATEMENT 00-01</b>	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>12/20/1991</u>			
		<b>5. FEI Number</b> <u>593096429</u>		Applied For <input type="checkbox"/> Not Applicable	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<b>7. Name and Address of Current Registered Agent</b>					
Name <u>Boyo Crisler</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2696 Jewel Rd.</u>					
Suite, Apt. #, Etc. <u>000004736180</u>					
City <u>Belleair Bluffs</u>					
		State <u>FL</u>		Zip Code <u>33770</u>	
<b>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.</b>					
Signature of Registered Agent <u>[Signature]</u>		Signature of Registered Agent <u>[Signature]</u>		Date <u>11/15/01</u>	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Pres Sec. Treas.	Boyo Crisler (President)	2696 Jewel Rd.	Belleair Bluffs, FL 33770		
			[Signature] 12/20		
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <u>Boyo Crisler</u>		Date <u>11/15/01</u>		Daytime Phone # <u>727 584-8421</u>	

CF25081 (9/00)