PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR 93-9 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JUL 28 AM 8: 34 DOCUMENT # 1/07760 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name TDF Financial, Inc. Principal Place of Business Mailing Address 1506-B Bay Villa Place 1506-B Bay Villa Place Tampa, FL 33629 Tampa, FL 33629 REINSTATEMENT 93-9 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Dale incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable January 17, 1992 Sulte, Apr. #, etc. Suite, Apt. #, etc. 5. FEI Number City & State City & State 59-3169996 Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED X for a Certificate of Status P/D/T Daniel N. Quigley 1506-B Bay Villa Place Tampa, FL 33629 C/D 2403 Ardson Place Thomas E. McKell Tampa, FL 33629 J/D/S Richard B. Peterson 700 Starkey Road, #353 Largo, FL 33771 200002255472 -08/0797-0098 ***1410.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent T. Paine Kelly, Jr. Street Address (P.O. Box Number is Not Acceptable) Frank N. Fleischer 111 Madison Street 201 N. Franklin Street Suite, Apl. #, E Suite 2300 Tampa, FL 33602 City Zip Code Tampa 33602 10. I, being appointed the registered agent of the above named corporation, am far fluir with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agen 7/25/97 Date REGIS 11. Boes this corporation pay any intangible tax to the (See other side for information No X Dept. of Revenue under S. 199.032, Florida Statutes. Yes on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Daniel N. Quigley 7/25/97 (813) 254-8944