

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 16 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/04--01074--010 **1500.00

DOCUMENT # G41938

1. Corporation Name
Trudo Letschert Corporation

2. Principal Office Address
1510 S. Tuttle Avenue
Sarasota, FL 34239

3. Mailing Office Address
1510 S. Tuttle Avenue
Sarasota, FL 34239

Suite, Apt. #, etc.
1

City & State
Sarasota, FL

Zip Country
34239

4. Date Incorporated or Qualified
To Do Business in Florida 06/02/1983

5. FEI Number
59-2316178

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Trudo Letschert

Street Address (P.O. Box Number is Not Acceptable)
1510 S. Tuttle Avenue

Suite, Apt. #, Etc.

City State Zip Code
Sarasota, FL 34239

REINSTATEMENT 99-24

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 Date 3/4/04
REGISTERED AGENT MUST SIGN

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
-PST-	-Trudo Letschert	1510 S. Tuttle Avenue -	Sarasota, FL 34239 -

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: Date 3/4/04 Daytime Phone # (941)366-9573

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)