

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION REINSTATEMENT**



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

00 APR 27 PM 2:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 014569  
 1. Corporation Name  
 17th Street, Inc.  
 W-10317

2. Principal Office Address 610 W. Azeele St. Suite, Apt. #, etc.		3. Mailing Office Address 610 W. Azeele St. Suite, Apt. #, etc.	
City & State Tampa, FL 33606		City & State Tampa, FL 33606	
Zip 33606	Country USA	Zip 33606	Country USA

**REINSTATEMENT** 0418

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-2673385	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Walter E. Aye		
Street Address (P.O. Box Number is Not Acceptable) 610 W. Azeele St.		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33606

000003249490-8  
 -05/12/00--01009--015  
 \*\*\*1650.00 \*\*\*1650.00

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 4/24/00  
 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
D	Walter E. Aye	610 W. Azeele St.	Tampa, FL 33606

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] Date 3/31/00 Daytime Phone # 813 221 2112  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

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