

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 21 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013449

1. Corporation Name

WALL STREET ALTERNATIVES, INC.

000049891820

04/05/05--01028--006 **1050.00

2. Principal Office Address

507 NW FETTERBUSH WAY

Suite, Apt. #, etc.

3. Mailing Office Address

507 NW FETTERBUSH WAY

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL

City & State

JENSEN BEACH FL

Zip

34957

Country

MARTIN

Zip

34957

Country

MARTIN

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/31/02

5. FEI Number

04-3591455

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREGORY A HALL

Street Address (P.O. Box Number is Not Acceptable)

507 NW FETTERBUSH WAY

Suite, Apt. #, Etc.

City

JENSEN BEACH

State

FL

Zip Code

34957

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**

GREGORY A HALL

REGISTERED AGENT MUST SIGN

Date

3/16/05

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
President	GREGORY A HALL	507 NW FETTERBUSH	JENSEN BEACH FL 34957

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:

GREGORY A HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/05

Daytime Phone #

850-226-1076

CR2E081 (01/05)