

## 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JUN 19 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000013790</b> 1. Entity Name <b>NELSON COMPETITION, INC.</b>					
Principal Place of Business <b>2200 16TH AVENUE NORTH ST. PETERSBURG, FL 33713</b>			Mailing Address <b>2200 16TH AVENUE NORTH ST. PETERSBURG, FL 33713</b>		
2. Principal Place of Business - No P O Box #		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>90-0138833</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NELSON, KRISTOPHER N 2200 16TH AVENUE NORTH ST. PETERSBURG, FL 33713</b>			7. Name and Address of New Registered Agent Name <b>NELSON, KRISTOPHER N</b> Street Address (P O Box Number is Not Acceptable) <b>6301-46<sup>TH</sup> STREET N.</b> City <b>PINELLAS PARK</b> <b>FL</b> Zip Code <b>33781</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Kris Nelson</i></u> <span style="float: right;">DATE: _____</span> <small>Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	DPS NELSON, KRISTOPHER N <input type="checkbox"/> Delete 2200 16TH AVENUE NORTH ST. PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY ST ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NELSON, KRISTOPHER N 6301-46 <sup>TH</sup> STREET N PINELLAS PARK FL 33781	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200157481382 06/19/09--01054--003 ***300.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Kris Nelson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

REINSTATEMENT

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