

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 19 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051741

1. Corporation Name

35th STREET, INC.

900005072219--9

-03/08/02--01011--032

****900.00 ****900.00

2. Principal Office Address

701 West Cypress Creek Rd

Suite, Apt. #, etc.

303

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

City & State

FT Landers, FL

Zip

33309

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-25-2010

5. FEI Number

Application Attached

☒ 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

CHARLES BURNETT

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

701 West Cypress Creek Rd Ste 303

Suite, Apt. #, Etc.

STE 303

City

FT Landers, FL

State

FL

Zip Code

33309

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 2-18-02

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
PSTED	Heather Burnett Wingard	#303 701 West Cypress Creek Rd	FT Landers, FL 33309

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:

Heather Burnett Wingard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres & Director 2-18-02

Date

Daytime Phone #

954-771-0064

CR2E081 (9/01)