

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # 266309				
1. Corporation Name ST. CROIX REALTY, INC.				
2. Principal Office Address - No P.O. Box # 4200 54th Avenue South		3. Mailing Office Address 4200 54th Avenue South Suite, Apt. #, etc.		
City & State St. Petersburg, Florida		City & State St. Petersburg, Florida		
Zip 33711	Country USA	Zip 33711	Country USA	
7. Name and Address of Current Registered Agent				
Name George E. Ridge Street Address (P.O. Box Number is Not Acceptable) 136 East Bay Street Suite, Apt. #, Etc. Suite 301 City Jacksonville				
State FL		Zip Code 32202		
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 <i>George Ridge</i>		Date 9/15/08		
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
P / D		Christopher P. Brennan	4200 54th Avenue South	St. Petersburg, Florida 33711
S		Luz Arcila	4200 54th Avenue South	St. Petersburg, Florida 33711
REINSTATEMENT 87-08				
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 contained in Chapter 119, 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: <i>Christopher P. Brennan</i> Christopher P. Brennan 9-11-08 727-864-8122				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date
				Daytime Phone #

2008 SEP 17 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100136043421
09/17/08-010317008 **3943.75
CR2E081(M2/07)

4. Date Incorporated or Qualified To Do Business in Florida	1/18/1963
5. FEI Number 59-1096272	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.