PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS	09 MAR -9 PM 1:35
DOCUMENT # F39383 1. Corporation Name Whistle Stop Inc.	SECRETARY OF STATE PALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 198-199 WCAn in Real Suite, Apt. #, etc. Suite, Apt. #, etc.	REINSTATEMENT 08-09 CR2E081 (12/07)
City & State BOCA RATON Fla	Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida Applied For
zip country 23432 BPAIM Beach	CERTIFICATE OF STATUS DESIRED Status \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name DSED. SHEFFER Street Address (P.O. Box Number is Not Acceptable) 196-199 W. CAMINO REAL Suite, Apt. #, Etc. State Zip Code FL 33432	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.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN	Date <u>Z - 19 - 09</u>
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
Pres. Tase Sheller 198 199 wester	MINOREAL BOCA RATON F13343
331 SW 855	Apt 1-19E BOCA Ratin 28432
	500145521815 03/11/0901009016 **300.00
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 filling 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: SIGNATURE: Date Date Daytime Phone #	