

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 17 PM 2:04

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REINSTATEMENT

000159425500 01-09
8/10/09 01046 007

CR2E081 (12/08) \$1,358.75

DOCUMENT # J07291

1. Corporation Name

2010, Inc.

2. Principal Office Address - No P.O. Box #

150-C STEVENS AVE

Suite, Apt. #, etc.

C

City & State

OLDSMAR FL

Zip

34677

County

PINELLAS

3. Mailing Office Address

150 STEVENS AVE

Suite, Apt. #, etc.

C

City & State

OLDSMAR FL

Zip

34677

County

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

4/02/86

5. FEI Number

59-2959730

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

RICHARD S. TRUESDALE

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

2222 BELCHERY COURT DR.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33764

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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard S. Truesdale
REGISTERED AGENT MUST SIGN

Date

8/5/09

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/S	RICHARD S. TRUESDALE	150-C STEVENS AVE	OLDSMAR, FL 34677
V/T	KIRK KRATSAS	150-C STEVENS AVE	OLDSMAR, FL 34677

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:

Richard S. Truesdale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/5/09 727-365-3383