


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 16 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J21014			
1. Corporation Name CST, CORP.			
2. Principal Office Address 300 N. Cocoa Blvd.		3. Mailing Office Address 301 Forest Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa, FL		City & State Cocoa, FL	
Zip 32922	Country USA	Zip 39222	Country USA

REINSTATEMENT

05-06

4. Date Incorporated or Qualified To Do Business in Florida June 23, 1986	
5. FEI Number 592694197	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Mary L. Osborn		
Street Address (P.O. Box Number is Not Acceptable) 301 Forest Avenue		
Suite, Apt. #, Etc.		
City Cocoa,	State FL	Zip Code 32922

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 Mary L. Osborn **REGISTERED AGENT MUST SIGN** **Date** 10-9-06

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
PD	Mary L. Osborn	301 Forest Avenue	Cocoa, FL 32922

800090880412
10/15/06--01051--001 **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 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: Mary L. Osborn **10-9-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

10/20/06

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301 Forrest Avenue
Cocoa, Florida 32922
October 5, 2006

Department of State
Division of Corporations
P.O. Box 7327
Tallahassee, FL 32314

RE: CST Corp
Document # J21014

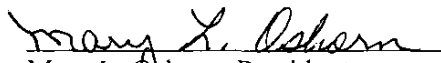
Dear Sir/Madam:

Enclosed please find a fully executed Corporation Restatement request for CST, Corp.

CST Corp. did not receive the annual report notice for the years 2005 and 2006. I respectfully ask that you consider waiving the reinstatement fee. That being considered, enclosed please find a check in the amount of \$300.00 for the 2005 and 2006 fees due for reinstatement of the corporation.

Should you have any questions concerning this matter, please do not hesitate to contact my attorney, Rex E. Moule, 440 S. Babcock Street, Melbourne, Florida 32901, (321) 984-2440.

Sincerely,


Mary L. Osborn, President
CST Corp.

Enclosure