

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b> FOR 93-96		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 JAN -9 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>N48660</u> 1. Corporation Name <u>KEEP SOUTH PINELLAS BEAUTIFUL INC</u>				200002059442--0 -01/15/97--01086--005 *****428.75 *****428.75	
Principal Place of Business <u>7015 SUNSET DR. S.</u> <u>S. PASADENA FL 33707-2895</u>		Mailing Address SAME		DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <u>6/20/92</u> 5. FEI Number <u>59-3120169</u> Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES	MARTIN STEBELTON	1868 SHORE DR. S. #311	S. PASADENA FL 33707		
1ST V. PRES	AGNES STEBELTON	1868 SHORE DR. S. #311	S. PASADENA FL 33707		
2ND V. PRES	CAROL MALKIN	12546 CAPRI CIRCLE N.	TREASURE ISLAND FL 33706		
SEC	ELSIE CRIMALDI	2850 59TH ST. S. #312	GULFPORT FL 33707		
8. Name and Address of Current Registered Agent <u>/</u>				9. Name and Address of New Registered Agent Name <u>MARTIN STEBELTON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1868 SHORE DR. S. #311</u> Suite, Apt. #, Etc. City <u>S. PASADENA</u> State <u>FL</u> Zip Code <u>33707</u>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: <u>Martin E. Stebelton</u> Date: <u>12-4-96</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Elsie J. Crimaldi</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>12/2/96</u> Daytime Phone #: <u>813 347-6831</u>	

CR20040 (12/95)