15:00 MAR 11, 2002 #7166 PAGE 2/3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 13 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056336

1. Corporation Name
C & S PROPERTIES OF ST. PETERSBURG, INC.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
2858 5th Avenue S.	
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, Fl.	City & State
Zip: 33711 / Country: Pinellas	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/12/2000

5. FEI Number: 593664176 — [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $30.75 Additional for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ted Starr, Esq.

Street Address (P.O. Box Number is Not Acceptable): 8181 US 19 North

Suite, Apt. #, Etc.:

City: Pinellas Park — State: FL — Zip Code: 33781

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, FS.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN — Date: 3-11-02

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
Pres	Chris Nurczyk	1461 Island Dr. S	Pasadena Fl 33707
		~~8400 Gulf Blvd~~	
Sec/Tr	Scott Malyszko	8400 Gulf Blvd	St. Pete Bch, FL 33706
			280805108532--0
			-03/14/02--01064--022
			****900.00 ****900.00

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 61 T, 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 under section 119.07(3)(i), 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: 3-12-02 727-328-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 09/16/01 CT System Online