

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS

FILED

02 MAR 13 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # P00000056336

1. Corporation Name

C & S PROPERTIES OF ST. PETERSBURG, INC.

2. Principal Office Address
2858 5th Avenue S.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, Fl.

City & State

Zip
33711Country
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 ☐SEE 75 Additional Information
for a Certificate of Status

REINSTATEMENT 01-02

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 ParkState
FLZip Code
33781

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, VS.

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
		8831 Bona Vista	
Secy	Scott Malyszko	8400 GULF BLVD	ST. PETERSBURG, FL 33706

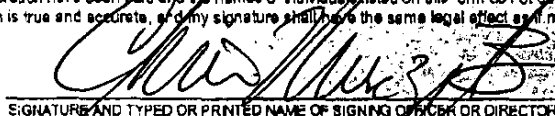
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution 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 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-02 727-328-9888

Daytime Phone #