

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000073878

1. Corporation Name

SOUTH ST. PETE PROPERTY, INC.

FILED

01 OCT 31 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~601 E. TWIGGS STREET #200~~ ~~601 E. TWIGGS STREET #200~~
~~TAMPA FL 33602-3927~~ ~~TAMPA FL 33602-3927~~
3120 E. ST. Rd 60 3120 E. ST. Rd 60
VALRICO, FLA 33594 VALRICO, FLA 33594
If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 08/03/2000
3120 E. ST Rd 60 3120 E. ST. Rd 60
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
VALRICO FLA VALRICO, FLA
Zip Country Zip Country
33594 U.S. 33594 U.S.
5. FEI Number Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	REIBER, SAM I	601 E. TWIGGS STREET #200	TAMPA FL 33602
PRES	LEROY GONRALEZ JR	3120 E. ST. Rd 60	VALRICO, FLA 33594
			700004691087--6
			-11/21/01--01055--013
			*****150.00 *****150.00
			LS

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

Name
REIBER, SAM I
601 E. TWIGGS STREET #200
TAMPA FL 33602-3927
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

700004691087--6
-11/21/01--01055--014
*****8.75 *****8.75

Signature of Registered Agent REGISTERED AGENT MUST SIGN Date

11. 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: 10/23/2001 813-681-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

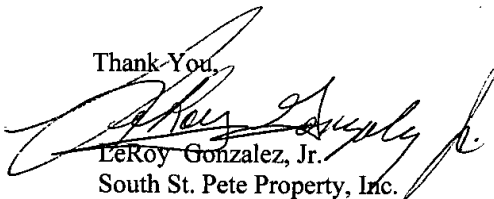
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October 23, 2001

To Whom It May Concern:

The 2001 Uniform Business Report for South St. Pete Property, Inc. was sent to the wrong address. The principal place of business and mailing address on the form are incorrect. It was forwarded to us, in which we received the form on October 23, 2001. We have entered the correct information on the form and enclosed a check in the amount of \$150.00. Your department with whom we have spoken with, suggested due to the fact we did not receive the form that we ask for the penalties to be waived. We would greatly appreciate your consideration in doing so.

Thank You,


Leroy Gonzalez, Jr.
South St. Pete Property, Inc.