PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000054344 DOCUMENT

1. Corporation Name

ST. PETERSBURG 476 INC.

Principal Place of Business

Mailing Address

FILED 04 JAN 14 AM 10: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2 6700 RUSTIC LANE WEST LAKE ON 441 45		25760 RUSTIC LANE WESTLAKE OH 44145		*Com			
2. New Principal Office Address, If Applicable 4526 4th Street North Suite, Apt. #, etc. City & State Zip Country				Applicable	4. Date Incorp To Do Busin 5. FEI Numbe 6.	norated or Qualified ness in Florida 05/1	4/2002 Applied For Not Applicable Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip 4 PRADENTON EL 24207	
BOUKZAM, FRED A			4803 ELIZABETH LN			BROOKLYN OH 44144	
MASHTAW	ry, abed a		475 TIMBERCRE	EK RD	30 11/10/	2017	
				our dail? • • •	<u></u>	00024565E	613 **600.00
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
KHOURI, SAMIR 5715 14 ST WEST ————————————————————————————————————				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
g appointed th	ne registered agent of the a	bove named corp	oration, am familiar v		11	State FL stion 607.0505, F.S. or 617.0505	Zip Code
	ddresses are ncipal Office in the perfect of the pe	ddresses are incorrect in any way, line the ncipal Office Address, if Applicable 4 41 Street North 4, etc. Petersburg FL Country and Street Addresses of Each Officer and Name of Officers and/or Directors KHOURI, SAMIR BOUKZAM, FRED A MASHTAWY, ABED A 8. Name and Address of Curren RI, SAMIR 14 ST WEST ENTON FL 34207	ddresses are incorrect in any way, line through incorrect in noipal Office Address, If Applicable 2.6 411 Street North #, etc. Suite, Apt. #, City & State Country Zip and Street Addresses of Each Officer and/or Director (Florand/or Directors) KHOURI, SAMIR BOUKZAM, FRED A MASHTAWY, ABED A 8. Name and Address of Current Registered Age RI, SAMIR 14 ST WEST ENTON FL 34207	ddresses are incorrect in any way, line through incorrect information and enter noipal Office Address, If Applicable 26 414 Street North 4, etc. City & State Country Country Zip Count Name of Officers and/or Director (Florida nonprofit corpor and/or Directors Name of Officers and/or Directors KHOURI, SAMIR BOUKZAM, FRED A 4803 ELIZABETH MASHTAWY, ABED A 475 TIMBERCRE 8. Name and Address of Current Registered Agent RI, SAMIR 4 ST. WEST ENTON FL 34207	ddresses are incorrect in any way, line through incorrect information and enter correction below. According to Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Street North 4. Suite, Apt. #, etc. City & State 5. Country 6. Country 7.13	ddresses are incorrect in any way, line through incorrect information and enter correction below. Incipal Office Address, if Applicable Reference Address Reference Reference Address	didresses are incorrect in any way, line through incorrect information and enter correction below. PEINSTATEMEN Results Address, if Applicable 2 4th Street North 3. New Mailing Office Address, if Applicable Courty 3. New Mailing Office Address, if Applicable Courty 5. FEI Number 5. FEI Number 5. FEI Number 5. FEI Number 6. City & State 6. City & State 7/3 6. Certificate of Status Desired of Country 7/3 6. Certificate of Status Desired of City State 7/3 7/3 6. Certificate of Status Desired of City State 7/3 7/3 6. Certificate of Status Desired of City State 7/3 8. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Street Address of Each Officer and/or Director of Address of Each Officer and/or Director 8. Street Address of Each Officer and/or Director 9. Street Address of Each Officer and/or Director 1. Street Address of Each Officer and/or Director Address of Each Officer and/or Director 1. Street Address of Each Officer and/or Director Address of Each Officer and/or Director Address of New Registered Address of New Registered Address of New Registered Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box Number is Not Acceptable) 1. Street Address (P.O. Box

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 filling 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

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN