

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000095520

1. Corporation Name

BOURBON STREET STATION, INC.

2. Principal Office Address - No P.O. Box #

1770 ST. JOHNS BLUFF RD. S

Suite, Apt. #, etc.

City &amp; State

JACKSONVILLE

Zip

32217 32246

Country

US

3. Mailing Office Address

1770 ST. JOHNS BLUFF RD. S

Suite, Apt. #, etc.

City &amp; State

JACKSONVILLE

Zip

32217 32246

Country

US

## 7. Name and Address of Current Registered Agent

Name

RICHARD DIAL

Street Address (P.O. Box Number is Not Acceptable)

144 ARLINGTON ROAD SOUTH

Suite, Apt. #, Etc.

SUITE 2

City

JACKSONVILLE

State

FL

Zip Code

32216

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, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5 Oct 09

## 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
PSTD	RAIF RICHARD	8442 PAPELON WAY	JACKSONVILLE, FL, 32217

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 contained in Chapter 119, 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

10-5-2009

Daytime Phone #

FILED

09 OCT -6 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900161387209

10/06/09--01025--005 \*\*1200.00

REINSTATEMENT

06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

9/1/2003

5. FEI Number  
20-0172718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.