

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
• Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000138105

1. Corporation Name

Ghostlore, Inc

FILED

09 NOV 12 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA200162773192
11/12/09--01002--017 **450.00

CR2E081 (10/09)

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

535 1st St NE

Suite, Apt. #, etc.

3. Mailing Office Address

535 1st NE

Suite, Apt. #, etc.

City & State

St Petersburg

Zip

33701

Country

Pinellas

City & State

St Petersburg

Zip

33701

Country

Pinellas

4. Date Incorporated or Qualified

To Do Business in Florida

10/4/2004

5. FEI Number

352238868

☐ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Tim Reeser

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

535 1st NE

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33701



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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11.6.2009

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
P	Tim Reeser	535 1st St NE	St Petersburg FL 33701

REINSTATEMENT**RH**

10. E-mail Address: centrale@comcast.net

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Tim Reeser

11.6.2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#