

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000150022 1. Entity Name SPACE TRUST MANAGEMENT, INC.						FILED 07 OCT 11 AM 9:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4590 SHORE ACRES BLVD ST. PETERSBURG, FL 33703				Mailing Address 4590 SHORE ACRES BLVD ST. PETERSBURG, FL 33703			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address PO Box 800 Suite, Apt. #, etc.			
City & State St. Petersburg				4. FEI Number 52-2410037		Applied For <input type="checkbox"/> Not Applicable	
Zip 33731		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OLSON, EUGENE L 4590 SHORE ACRES BLVD ST. PETERSBURG, FL 33703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Eugene Olson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4 Oct 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>OLSON, EUGENE L</u> STREET ADDRESS <u>4590 SHORE ACRES BLVD</u> CITY-ST-ZIP <u>ST. PETERSBURG, FL 33703</u>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>700110613587</u> STREET ADDRESS <u>10/11/07--01006--018</u> **150.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Eugene Olson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4 Oct 2007</u> 727-6121824 <small>Date Daytime Phone #</small>			

SPACE TRUST MANAGEMENT, INC

P. O. Box 800
St. Petersburg, Florida 33731
(727) 522-0593
(727) 526-2445

4 October 2007

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Re: P06000150022

Enclosed is the reinstatement form and a check for \$150.00.

In talking to one of your agents today, Thursday 4 October, it was determined that, insofar as no reinstatement notices had been received before today, the filing fee is \$150.00.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eugene Olson".

Eugene Olson, President
Space Trust Management, Inc.