

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 22 AM 11:41

DOCUMENT # P06000150022

1. Corporation Name

SPACE TRUST MANAGEMENT, INC

800157554838  
06/22/09--01055--001 \*\*1051.00

REINSTATEMENT 08-09 KS

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

4590 Shore Acres Blvd NE

3. Mailing Office Address

P.O. Box 800

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33703

Country

Pinellas

Zip

33731

Country

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/2006

5. FEI Number

52-2410037 191612

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Eugene L. Olson

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

4590 Shore Acres Blvd

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33703

☐ 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 617.0503, F.S.

Signature of  
Registered Agent

*Eugene Olson*  
REGISTERED AGENT MUST SIGN

Date 17 June 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	Eugene L. Olson	4590 Shore Acres Blvd	St. Petersburg, FL 33703

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:

*Eugene Olson* Eugene Olson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #