PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000091702

200311860452
03/30/18--01024--003 **1585.00

CR2E081 (11/10)

1 Corporation Name

PST Holdings, Inc.

2. Principal Office Address - No P O Box #	3. Mailing Office Address
4251 PARK SHORE TOWER	4251 PARK SHORE TOWER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
UNIT 14-D	UNIT 14-D
City & State	City & State
NAPLES, FL	NAPLES, FL
Zip / Country	Zip / Country
34103 / U.S.	34103 / U.S.

4. Date Incorporated or Qualified To Do Business in Florida
11/05/2009

5. FEI Number — Applied For [ ] Not Applicable [X]

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

7. Name and Address of Current Registered Agent

Name
Michael D. Gentzle, Esq.
Street Address (P O Box Number is Not Acceptable)
Coleman Yovanovich & Koester, P.A.
Suite, Apt. #, Etc.
4001 Tamiami Trail North, Suite 300
City / State / Zip Code
Naples FL 34103

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 3/27/2018
REGISTERED AGENT MUST SIGN

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
D	Jurgen Karcher	4251 Park Shore Tower, Unit 14-D	Naples, FL 34103

10 E-mail Address: koerling@btinternet.com
(To be used for future annual report notification)

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 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 3/27/2018 +44 7770 445269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APR 02 2018