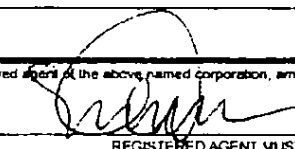
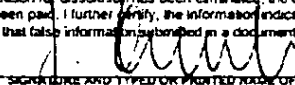


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P09000091702			
1. Corporation Name PST Holdings, Inc.			
2. Principal Office Address - No P.O. Box # 4251 PARK SHORE TOWER Suite, Apt. #, etc. UNIT 14-D City & State NAPLES, FL Zip 34103 Country U.S.		3. Mailing Office Address 4251 PARK SHORE TOWER Suite, Apt. #, etc. UNIT 14-D City & State NAPLES, FL Zip 34103 Country U.S.	
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 Naples State FL Zip Code 34103		4. Date Incorporated or Qualified To Do Business in Florida 11/05/2008 5. FET Number Applied For ☒ Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, 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)			
Title	Name of Officer 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@blinternet.com (To be used for future annual report notification)			
11. I certify that I am an officer or director of 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 furnished in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.			
SIGNATURE: 		3/27/2018 +44 7770 445269 Date Daytime Phone #	

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