PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DOCUMENT # P93000057465 1. Corporation Name 515 HOLDINGS, INC. Principal Place of Business Mailing Address 5553 W WATERS AVE STE 307 TAMPA FL 33634 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. Suite, Apt. #, etc. City & State City & State City & State Zip Country Title(s) Name of Officers Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Director Street Address of Each Officer and/or Director City / State / Zip City / State / Zip Name of Officers Street Address of Each Officer and/or Director City / State / Zip		O I / I E I I E I I	DIV	ISION OF CORPO	RATIONS		กเบเรียนเก	TOE COODON AT	[[[
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### STE 507 TAMPA R. 33634 State										
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TAMPA FL 38634 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Business in Florida 5. FEI Number 59-3198251 4. Applied For Correction Sparse in Florida 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2. Name of Officers and/or Directors 3. Street Address of Each Officer and/or Directors 3. Street Address of Each Officer and/or Directors 4. City / State / Zip D. MILLER, BRAD 5553 W WATERS AVE #307 TAMPA FL 33634 Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	Principal P	face of Business	Mailing Addre	ess		_				
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 Name of Officers and/or Directors 3 Officer and/or Director 4 City / State / Zip D MILLER, BRAD 5553 W WATERS AVE #307 TAMPA FL 33634 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MILLER, BRAD 5553 W WATERS AVE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State FL Zip Code FL						6.				
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FL	TAMP	PA FL 33634			City		<u> </u>	State Zin Code		
10. Libeing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 0505. E.S. or 617 0505. E.S.										
10. I, being appointed the registered agent of the above harned corporation, am farthliat with and accept the obligations of Section 607,0000, n.S. of 617,0000, n.S.	10. I, bein	g appointed the registered agent of the a	bove named corpo	oration, am familiar	with and accept the	obligations of Sect	ion 607.0505, F.S. or	617.0505, F.S.		
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Signature of Registered Agent Date 11/10/04	Registered	d Agent	REGISTERED AG				Date//_	10/04		
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	11 004/6	that I am an officer or director or the re-			to this annication as	provided for in ch	enter 607 or 617 F.S.	I further certify that wh	nen 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	this rei	instatement application, the reason for dis	ssolution has been	eliminated, the corp	porate name satisfie:	s 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 under section 119.07(3)(i), 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.							der section 119.07(3)	(I), F.S. The information	n indicated	
Manipa.			1111	20						

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/04