FILED

07 JUL 13 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057465

1. Corporation Name

515 Holdings, Inc

REINSTATEMENT

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4825 Executive Park Ct	4825 Executive Park Ct
Suite, Apt. #, etc. Ste 102	Suite, Apt. #, etc. Ste 102
City & State Jacksonville, Fl	City & State Jacksonville, Fl
Zip 32216 Country	Zip 32216 Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/11/1993

5. FEI Number: 59-3198251 ☐ 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: Kenneth Stuart

Street Address (P.O. Box Number is Not Acceptable): 4825 Executive Park Ct

Suite, Apt. #, Etc.: Ste 102

City: Jacksonville State: FL Zip Code: 32216

☐ 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: _____ Date: 07/11/07

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	Kenneth Stuart	4825 Executive Park Ct	Jacksonville, Fl 32216

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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: _____ 07/11/07 Date 904-296-1003 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mailed JUL 13 2007