


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC 16 AM 11:19
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DOCUMENT #

1. Corporation Name
1003 Truman Avenue, Inc.

P.O. Box 1737
P.O. Box 1737

PA4000001251

2. Principal Office Address
P.O. Box 1737

3. Mailing Office Address
P.O. Box 1737

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sag Harbor, NY

City & State
Sag Harbor, NY

Zip
11963

Country
United States

Zip
11963

Country
United States

4. Date Incorporated or Qualified
To Do Business In Florida 01/05/1994

5. FEI Number
650307713

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
David Van Loon, Esq., Feldman Koenig & Highsmith, P.A.

Street Address (P.O. Box Number is Not Acceptable)
3158 Northside Drive

Suite, Apt. #, Etc.

City
Key West

State
FL

Zip Code
33040

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

David Van Loon

Date 12-13-04

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
PD	Donald E. Whitehead	P.O. Box 1737	Sag Harbor, NY 11963

200043433962
12/15/04--01057--005 **758.75
200043433962
12/21/04--01004--025 **150.00

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 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.

SIGNATURE:

Donald E. Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/04

Date

631-725-2100

Daytime Phone #

CR2E081 (01/04)