

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

13 APR 30 AM 10:41

DOCUMENT # P95000092064

1. Corporation Name

R.T. GOLDSTON ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box # 3251 - 62 Ave. N.		3. Mailing Office Address 3251 - 62 Ave. N.	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33702	Country Pinellas	Zip 33702	Country Pinellas

500247399925
04/30/13--01017--012 **2400.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
12/01/1995

5. FEI Number 592148616	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED **\$8.75** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Sharon T. Goldston		
Street Address (P.O. Box Number is Not Acceptable) 6151 - 90 Ave. N.		
Suite, Apt #, Etc.		
City St. Petersburg	State FL	Zip Code 33702

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

Sharon T. Goldston
REGISTERED AGENT MUST SIGN

Date

4/24/2013

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
P/S	Sharon T. Goldston	6151 - 90 Ave. N.	St. Petersburg, FL 33702
	REINSTATEMENT	APR 30 2013	
		R. HUNT	

10. E-mail Address: stgoldston@aol.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:

Sharon T. Goldston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/2013

Daytime Phone #