PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 NOV 12 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # **P95000095806**

1. Corporation Name

DITCHLING MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
12000 4TH STREET N. APT. 66 ST. PETERSBURG FL 33716	12000 4TH STREET N. APT. 66 ST. PETERSBURG FL 33716

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 12/18/1995

5. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T S/D	DONALDSON, CHRISTOPHER D	12000 4TH STREET N. APT. #66	ST. PETERSBURG FL 33716
			100002348091---5 -11/14/97--01109--007 ****758.75 ****758.75
			REINSTATEMENT 97 11/12/97

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name: CHRISTOPHER D. DONALDSON
Street Address (P.O. Box Number Is Not Acceptable): 12000 4TH ST N APT #66
Suite, Apt. #, Etc.:
City: St. Petersburg State: FL Zip Code: 33716

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 10/30/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ NONE IS OWED (See other side for information on intangible tax.)

12. 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: _____ 10/30/97 813-576-5432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Form **SS-4** (Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
DITCHLING MANAGEMENT COMPANY

2 Trade name of business (if different from name on line 1) | 3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
12000 4TH STREET N.#66 | 5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
ST. PETERSBURG FL 33716 | 5b City, state, and ZIP code

6 County and state where principal business is located
PINELLAS FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
CHRISTOPHER D. DONALDSON 241-43-8305

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ▶ ___
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☒ Other corporation (specify) ▶ REAL ESTATE INVESTMENT
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State: FLORIDA | Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ REAL ESTATE INVESTMENT
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
12-18-1995

11 Closing month of accounting year (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-.* (See instructions.) ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Public (retail) ☐ Other (specify) ▶ NONE SOLD ☐ Business (wholesale) ☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Business telephone number (include area code) | Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ CHRISTOPHER D. DONALDSON

Signature ▶ [signature] Date ▶ 11-10-97

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying