


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P9800006531	
1. Corporation Name		Post Group Broker, Inc.	
2. Principal Office Address		3. Mailing Office Address	
18514 US 19 N		P.O. Box 6969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE E			
City & State		City & State	
CLEARWATER, FL		CLEARWATER, FL	
Zip	Country	Zip	Country
33764		33758	
4. Date Incorporated or Qualified To Do Business in Florida		2-20-98	
5. FEI Number		Applied For	
593502651		<input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name			
DAVID WERNER			
Street Address (P.O. Box Number is Not Acceptable)			
18514 US 19 N			
Suite, Apt. #, Etc.			
SUITE E			
City		State	Zip Code
CLW		FL	33764
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	
[Signature]		6-5-6	
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
PRES	DAVID WERNER	18514 US 19 #E CLW FL 33764	CLW, FL 33764
	RH	7-08	
REINSTATEMENT			
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:		Date	Daytime Phone #
[Signature] DAVID WERNER		6-5-6	727-215-6099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

POST GROUP BROKER, INC.

June 19, 2008 (2006)

Florida Department of State
Division of Corporations
Reinstatement Department
PO Box 6327
Tallahassee, FL 32314

Dear Sir:

Post Group Broker, Inc. changed our mailing address and street address several years ago and we did not receive renewal forms for the 2000 corporate renewal. We want late fees/reinstatement fees waived.

I spoke with your department today to check on our status and was instructed to attach this letter and a check in the amount of \$ 1,050.00.

Please let me know if there is anything else I need to do to finalize our reinstatement.

Thank you,



David E. Werner
President

18514 US 19 N
Suite E
Clearwater, FL 33764

Phone: 727.215.6099
Fax: 727.533.0904
Email: PostGrp@tampabay.rr.com