

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
 Sandra E. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 JUN 14 AM 9:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PA8000030947
 1. Corporation Name
ST. PETE REALTY, INC.

Principal Place of Business Mailing Address
**1001 Fourth Street, N.
 St. Petersburg, FL 33701**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		775 - 35th Ave., N.			
City & State		City & State		5. FEI Number	
St. Petersburg, FL		St. Petersburg, FL		N/A	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33701		USA			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officer and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Carolyn J. Bruce	775-35th Ave., N.	St. Petersburg, FL 33704
S/D	Kathy Strange	775-35th Ave., N.	St. Petersburg, FL 33704

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Carolyn J. Bruce 775-35th Ave., N. St. Petersburg, FL 33704		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: X Carolyn J. Bruce REGISTERED AGENT MUST SIGN Date: 5-5-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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 taxes 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: X Carolyn J. Bruce 5-5-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date