

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED


06 MAY -5 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600075269366  
05/25/06--01018--028 \*\*600.00

CR2E081 (12/05)

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P98000077127

**1. Corporation Name**  
309 S. 7<sup>th</sup> ST. INC

**2. Principal Office Address**  
261 NE FARING AV

Suite, Apt. #, etc.

**3. Mailing Office Address**  
261 NE FARING AV

Suite, Apt. #, etc.

**City & State**  
Port Saint Lucie

**City & State**  
Port Saint Lucie

**Zip** 34983 **Country** USA

**Zip** 34983 **Country** USA

**4. Date Incorporated or Qualified To Do Business in Florida** 8/31/98

**5. FEI Number** 05-0867568

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** ROBERT PAUSTIAN

**Street Address (P.O. Box Number is Not Acceptable)**  
262 NE ARDSLEY

Suite, Apt. #, Etc.

**City** Port Saint Lucie **State** FL **Zip Code** 34983

**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** Robert Paustian **Date** 4/28/06

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	Robert Paustian	262 NE ARDSLEY	Port St Lucie FL 34983
V. Pres	STIX NICKSON	261 NE FARING AV	Port Saint Lucie FL 34983

**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:** [Signature] STIX NICKSON **Date** 4/28/06 **Daytime Phone #** 772-871-2992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*pgyowfz*

309 S. 7<sup>th</sup> St. Inc.  
261 NE Faring Ave  
Port St Lucie, FL 34983

Florida Dept of State  
Secretary of State

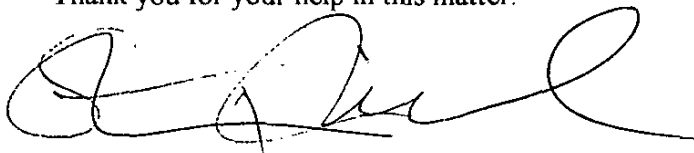
To whom it may concern:

We did not file our annual report because of a lack in notification. The Principle address was not changed by Mr Paustian as it should have been. Thus, we did not receive notification.

I called and talked to Andy Dunlap who advised me to write this letter and submit the cost of filing for those missing years' fees, as well as this year's fees. Mr Dunlap was very helpful in our situation and I thank him for his advise.

Please find enclosed the Corporate Reinstatement form and a check for \$ 600.00. Mr Dunlap suggested this would cover the amounts due from this corporation to bring it up to date and in compliance.

Thank you for your help in this matter.



Stix Nickson  
Vice Pres. 309 S. 7<sup>th</sup> St. Inc.