## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAY 18 PM 1: 10
DOCUMENT# 0980000 87970 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
South Street TAL	sen & cill INC.	, the same of the
2. Principal Office Address	3. Mailing Office Address	
GOIS MOVYOW ST. Suite, Apt. #, etc.	SAME	
Suite 113	Suite, Apt. #, etc.	4. Date incorporated or Qualified
City & State	City & State	To Do Business in Florida 10-14-98
JACKSONville, FL		5. FEI Number Applied For Not Applied For Not Applied For
Zip Country 32207 USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name D C		
Street Address (P.O. Box Number is Not Acceptable)		
6015 MOVNOW ST 05/18/0501003004 **10 00.80		
Suite, Apt. #, Etc.  Suite 113		
JACKSONVILLE,		State Zip Code FL 32207
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 REGISTER DAGENT MUST SIGN		Date <u>5 - 17 - 05</u>
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	City / Shake / Zin
P Richard D. Grou	ric In. 6015 morrow st	#113 TACKSONVIlle, FL 32207
ST Renge BLAC	K 6015 morrousi	*113 JACKSON VILLE, FL 32207
		0:10d / S-18-0;
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 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: RD Secret RD GEONE TO PLES 5-1205 904-828-969 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		