

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 30 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

P99000066075

1. Corporation Name

ST. Petersburg Properties Inc.

243 32 ST NO.

ST. Petersburg FL 33713

2. Principal Office Address

243 32 ST. North

Suite, Apt. #, etc.

3. Mailing Office Address

243 32 ST. North

Suite, Apt. #, etc.

City & State

ST. Petersburg FL

City & State

ST. Petersburg FL

Zip

33713

Country

Pinellas

Zip

33713

Country

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3601237

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

Kenneth B. Williams

Street Address (P.O. Box Number is Not Acceptable)

243 32 ST. North

Suite, Apt. #, Etc.

City

ST. Petersburg

State  
FL

Zip Code

33713

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

Kenneth B. Williams

Date

9/26/03

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
PST	Kenneth B. Williams	243 32 ST NO.	ST. Pete FL 33713
VP	Leroy Williams	243 32 ST NO.	ST. Petersburg FL 33713

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:

Kenneth B. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03

Date

Daytime Phone #

CR2ED1 (10/02)

ji 10/1