

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC -6 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29000086316

1. Corporation Name

SIX TABLES INC.

2. Principal Office Address

1153 MAIN STREET

Suite, Apt. #, etc.

#104

City & State

DUNEDIN FL

Zip

34698

Country

USA

3. Mailing Office Address

19201 VISTA LANE

Suite, Apt. #, etc.

SUITE B7

City & State

INDIAN SHORES FL

Zip

33785

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1999

5. FEI Number

59-3496912

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

ROLAND LEVI

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

19201 VISTA LANE

Suite, Apt. #, Etc.

B7

City

INDIAN SHORES

State

FL

Zip Code

33785

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

REGISTERED AGENT MUST SIGN

Date 12/2/2004

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
PD	ROLAND LEVI	19201 VISTA LANE B7	INDIAN SHORES FL 33785
SD	GAIL LEVI	" " "	" " " "

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLAND LEVI

12/2/2004 7277368521

Date

Daytime Phone #

CR2E081 (01/04)