

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV -6 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110797  
1. Corporation Name

C.S.P. ENTERPRISES, INC.

Principal Place of Business  
2758 WESTERN CT.  
ORANGE PARK FL 32065

Mailing Address  
2758 WESTERN CT.  
ORANGE PARK FL 32065



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 12/27/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3657784	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED. <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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 Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ST. PETER, CRAIG P	2758 WESTERN CT.	ORANGE PARK FL 32065
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WILBUR, JOHN H 112 W. ADAMS ST., STE. 1700 JACKSONVILLE FL 32202	Name MICHAEL J. DAUER Street Address (P.O. Box Number is Not Acceptable) 233 EAST BAY ST. Suite, Apt. #, Etc. SUITE 1133 City JACKSONVILLE State FL Zip Code 32202

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: **SIGNATURE REQUIRED** Date: 11-3-00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CRAIG P. ST. PETER

10-24-00 504-282-5753  
Date Daytime Phone #

20/2

CSP Enterprises, Inc.  
2758 Western Court  
Orange Park, FL 32065

October 26, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


RE: CSP ENTERPRISES, INC.

Dear Sirs;

Per your request, please find enclosed a \$150.00 check for your renewal fee. On December 27, 1999 CSP Enterprises was formed with the state of Florida. On August 18, 2000. The company received its FEI Number. At no time did we receive any documentation other than the official corporation acceptance from the state.

The company will commence doing business as of November 1, 2000. We respectfully request that the company be returned to an active status. Thank you for your consideration in this matter.

Sincerely,

  
Craig P. St. Peter  
President