

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000000220

1. Corporation Name

158 Projects, Inc.

2. Principal Office Address

3. Mailing Office Address

60 Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#11

City & State

City & State

Atlantic Beach, FL

Zip

Country

Zip

Country

32233

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

1/10/02

5. FEI Number

22-3874181

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

GARY I. CHRISTIAN

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

3100 University Blvd. S.

Suite, Apt. #, Etc.

101

City

Jacksonville FL

State

FL

Zip Code

32216

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

[Signature]

Date 11/3/03

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
P/D	FLINT McGLAUGHLIN	516 N. First St.	Neptune Beach FL 32266
V/D	HAROLD LEE BROOKINS	1359 PINEWOOD RD	JAX Beach FL 32250
D	CAMERON GREENE, MD	1306 BEACH AVE	Atlantic Beach FL 322
D	TERRY CRENSHAW	7321 CEDAR POINT RD.	JACKSONVILLE, FL 32226
D	STEVE ROGERS	18 FAIRWAY RD.	JAX BEACH FL 32250

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD LEE BROOKINS

Date

Daytime Phone #

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CR2001 (10/02)