

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 14 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000134474530
08/14/08--01045--003 **450.00

DOCUMENT # P04006076071

1. Corporation Name

3RD STREET FINANCIAL CORP.

2. Principal Office Address - No P.O. Box #

4015 EXECUTIVE PARK DR.

3. Mailing Office Address

4015 EXECUTIVE PARK DR.

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

SUITE 110

City & State

CINCINNATI, OH

City & State

CINCINNATI, OH

Zip

45241

Country

U.S.A.

Zip

45241

Country

U.S.A.

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2004

5. FEI Number

201105195

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

JAMES TANKERSLEY

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

7183 WHITE MARSH CIRCLE

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34302

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

James J. Tankersley
REGISTERED AGENT MUST SIGN

Date

8/12/2008

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	ROBERT S. MAHAFFEY	4387 TYLERS ESTATE DR. WEST CHESTER OH, 46009	WEST CHESTER, OH 45069

REINSTATEMENT

Robert S. Mahaffey

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 contained in Chapter 119, 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:

Robert S. Mahaffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. MAHAFFEY

8/12/08
Date

513-289-6299
Daytime Phone #