

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 NOV 14 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 993 000 053024

1. Corporation Name

6687 CORP.

Principal Place of Business: 6687 Cape Hatteras Way, NE St. Petersburg, FL 33702  
Mailing Address: 6687 Cape Hatteras Way, NE St. Petersburg, FL 33702

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable: 3914 S. Dale Mabry Highway Suite, Apt. #, etc.  
3. New Mailing Address, if Applicable: 3914 S. Dale Mabry Highway Suite, Apt. #, etc.

City & State: Tampa, Florida  
Zip: 33611  
Country: Hillsborough

DO NOT WRITE IN THIS SPACE  
4. Date Incorporated or Qualified To Do Business in Florida: 7/16/93  
5. FEI Number: 59-3194 189  
6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 014-97

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	William J. Kendall	3914 S. Dale Mabry Highway	Tampa, Florida 33611

~~100002350224~~  
-11/18/97--01041--020  
\*\*\*1245.00 \*\*\*1245.00

*Handwritten initials and date: 11-17-97*

8. Name and Address of Current Registered Agent  
William J. Kendall  
6687 Cape Hatteras Way, NE  
St. Petersburg, Florida 33702

9. Name and Address of New Registered Agent  
Name: William J. Kendall  
Street Address (P.O. Box Number is Not Acceptable): 3914 South Dale Mabry Highway  
Suite, Apt. #, Etc.:  
City: Tampa State: FL Zip Code: 33611

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]* Date: 11/10/97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* William J. Kendall Date: 11/10/97 Daytime Phone #: 813 837-8771

CR2000 (12/95)