

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 APR 24 AM 10:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000032240

1. Corporation Name

R.A.S. OF ST. PETE BEACH, INC.

Principal Place of Business

Mailing Address

877 EXECUTIVE CENTER DR. W. SUITE 303 ST. PETERSBURG FL 33702

877 EXECUTIVE CENTER DR. W. SUITE 303 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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3315653

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for SYMONDS, RICHARD, SYMONDS, ANN, HILL, DEBRA, and HILL, DENNIS.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASCARA, ERNEST L 877 EXECUTIVE CENTER DR. W. SUITE 303 ST. PETERSBURG FL 33702

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

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 04-19-00

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

RICHARD SYMONDS, President

Date 04-19-00

(727)

3676680

Date

Daytime Phone #

KE