

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F95000006206**

1. Corporation Name

FANTAIL INVESTMENTS, INC.

99 MAR 12 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8000128114488-1

03/22/99-01149-024

*****800.00 *****800.00



REINSTATEMENT 1998-1999

Principal Place of Business

Mailing Address

12118 NORTH LOOP ROAD
SAN ANTONIO TX 78216
19160 Hwy. 281 N
Suite 108 Box 167
San Antonio, TX 78232

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SAN ANTONIO TX 78216
19160 Hwy. 281 N
Suite 108 Box 167
San Antonio, TX 78232

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1995

5. FEI Number

74-2762146

Applied For

Not Applicable

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)

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 Number)	4 City / State / Zip
PC	CRAIG, WARREN G	4522 SPRUCE STREET	TAMPA FL 33607
V	MOHAN, KEITH K	4522 SPRUCE STREET	TAMPA FL 33607
S	MORROW, MICHAEL	4522 SPRUCE STREET	TAMPA FL
T	HARRISON, IRENE	4522 SPRUCE STREET	TAMPA FL

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*****8.75 *****8.75

8. Name and Address of Current Registered Agent

CRAIG, WARREN
4522 SPRUCE STREET
TAMPA FL 33607

Craig, Warren
1355 Pinellas Bayway S
21
Tierra Verde, FL 33718

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State Code

FL

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

Warren Pharis

REGISTERED AGENT MUST SIGN

Date 12/30/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Warren Pharis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98

727-867-6954