

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 587383

1. Corporation Name

NEW 201 CORPORATION

Principal Place of Business

Mailing Address

~~2402 W. VINA DELMAR BLVD  
ST. PETERSBURG FL 33706  
US~~

~~2402 W. VINA DELMAR BLVD  
ST. PETERSBURG FL 33706  
US~~



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

2. New Principal Office Address, If Applicable

~~4 BRIGHTWATER CIR N.E.~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~4 BRIGHTWATER CIR N.E.~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

09/25/1978

5. FEI Number

59-1861076

Applied For

Not Applicable

City & State

~~ST. PETERSBURG FL~~

City & State

~~ST. PETERSBURG FL~~

Zip

33704

Country

USA

Zip

33704

Country

USA

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSDT	DAVENPORT, JOSEPH	<del>2402 W. VINA DELMAR BLVD</del> 4 BRIGHTWATER CIR N.E.	ST. PETERSBURG FL <del>33706</del> 33704
			100003493411--6 -12/11/00--01040--013 ****750.00 ****750.00
			REINSTATEMENT DO ITS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSEPH DAVENPORT  
~~2402 W. VINA DELMAR BLVD~~  
ST PETERSBURG FL ~~33706~~ 33704

JOSEPH P. DAVENPORT  
4 BRIGHTWATER CIR N.E.

Name

JOSEPH P. DAVENPORT

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

4 BRIGHTWATER CIR N.E.

Suite, Apt. #, Etc.

St.

City

ST. PETERSBURG

State

FL

Zip Code

33704

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

*J.P. Davenport*  
REGISTERED AGENT MUST SIGN

Date

11/22/00

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:

*J.P. Davenport*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/00

Daytime Phone #

727-894-7204

CR2E040 (8/00)