

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 583622

1. Corporation Name

DAPER TAMPA, INC.

Principal Place of Business

1408 N. WESTSHORE BLVD.  
1002  
TAMPA FL 33607

Mailing Address

2903 RIGSBY LANE  
SAFETY HARBOR FL 34695

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

2. New Principal Office Address, If Applicable

1408 N. WESTSHORE BLVD.,  
Suite, Apt. # etc. # 150

City & State

TAMPA, FLORIDA

Zip 33607

Country USA

3. New Mailing Office Address, If Applicable

401 EAST JACKSON ST.,  
Suite, Apt. # etc. 27th Floor

City & State

TAMPA, FLORIDA

Zip 33602

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1978

5. FEI Number

13-2951533

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	4 City / State / Zip
PD	SIMON, DAVID H.	924 WESTWOOD BLVD., # 600	LOS ANGELES CA 90024
D	HELLER, CECILIA	85B AMBERLY DRIVE	ENGLISHTOWN NJ
D	SIMON, MICHAEL	235 E. 31ST STREET	NEW YORK NY
			800004677078--2 -11/13/01--01078--016 ****758.75 ****758.75
			REINSTATEMENT 01-78

8. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A  
2903 RIGSBY LANE  
SAFETY HARBOR FL 34695

9. Name and Address of New Registered Agent

Name Stephen Kussner 1/0 Rudin, M. Elasky et al  
Street Address (P.O. Box Number is Not Acceptable) 401 EAST JACKSON ST.,  
Suite, Apt. # etc. 27th Floor  
City TAMPA  
State FL Zip Code 33602

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

REGISTERED AGENT MUST SIGN

Date

10/24/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01 (310) 208-5511