

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -1 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 389319

1. Corporation Name

8850 BLIND PASS ROAD CORP

2. Principal Office Address - No P.O. Box #
8850 Blind Pass Road

3. Mailing Office Address
8850 Blind Pass Road

Suite, Apt. #, etc.
4

Suite, Apt. #, etc.
4

City & State
St. Pete Beach, FL

City & State
St. Pete Beach, FL

Zip
33706

Country
USA

Zip
33706

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 9/30/1971

5. FEI Number
000000000

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sophia Sagritalo

Street Address (P.O. Box Number is Not Acceptable)
c/o 8850 Blind Pass Road

Suite, Apt. #, Etc.
Apartment #4

City
St. Pete Beach

State Zip Code
FL 33706

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Sophia Sagritalo	c/o 8850 Blind Pass Rd., #4	St. Pete Beach, FL 33706
Sec/Treas	Guillermo Sagritalo	c/o 8850 Blind Pass Rd., #4	St. Pete Beach, FL 33706

REINSTATEMENT

100107086331
08/01/07--01052--003 **2832.00

10. 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 contained in Chapter 119, 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 #