

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED

99 APR 26 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 424505

1. Corporation Name

BARBIZON SCHOOL OF MODELING OF TAMPA, INC

Principal Place of Business

4401 W. KENNEDY BLVD  
# 290

Mailing Address

TAMPA, FL 33609

SAHE

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4-30-73

5. FEI Number

59-1465162

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	TIMOTHY W. Mc CORMICK	4401 W. KENNEDY BLVD #290	TAMPA, FL 33609

400002859444-4  
-04/30/99-01143-015  
\*\*\*\*308.75 \*\*\*\*308.75

8. Name and Address of Current Registered Agent

TIMOTHY W. Mc CORMICK  
4401 W. KENNEDY BLVD #290  
TAMPA, FL 33609

9. Name and Address of New Registered Agent

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

TIMOTHY W. Mc CORMICK  
REGISTERED AGENT MUST SIGN

Date

4/26/99

11. This corporation owes 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)(b), 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:

TIMOTHY W. Mc CORMICK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (813) 286-9999

Date

Daytime Phone



*Barbizon*

School of Tampa  
4401 W. Kennedy Blvd., Suite 290, Tampa, Florida 33609  
(813) 286-9999

April 26, 1999

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Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Stacey  
Reinstatement Dept.

Per your instructions, we have enclosed our application of reinstatement for the Barbizon School of Modeling of Tampa, Inc.

Our 1997 Annual Corporation Report gave our new (and current) address. It was never updated in your computer and as a result the 1998 Report and subsequent notice of non-filing were sent to our old address at 4600 W. Cypress St. Since forwarding time had expired the mail was returned to your office.

Further, per your instructions we enclose our check for \$308.75 covering the 1998 fee of \$150.00, the 1999 fee of \$150.00 and \$8.75 for a certificate of status.

I trust this will enable us to become reinstated. If you have any further questions, please do not hesitate to contact us.

Very truly yours,

Timothy W. McCormick  
President