

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

97 NOV -7 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 449484

1. Corporation Name

SOUTHERN ART SUPPLY OF FLORIDA, INC.

Principal Place of Business

3199 46TH AVENUE NORTH
ST. PETERSBURG FL 33714

Mailing Address

3199 46TH AVENUE NORTH
ST. PETERSBURG FL 33714

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

03/29/1974

5. FEI Number

59-1519601

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 Numbers)	4 City / State / Zip
PD	MASLAR WILLIAM J.	7958 9TH AVENUE SOUTH	ST. PETERSBURG FL
TD	MASLAR, BETH	7958 9TH AVENUE SOUTH	ST. PETERSBURG FL

208802345212--9
-11/12/97--01105--006
750027750.00

8. Name and Address of Current Registered Agent

MASLAR, WILLIAM J
3199 46TH AVE N
ST. PETERSBURG FL 33714

9. Name and Address of New Registered Agent

Name

BETH MASLAR

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

3199 46 AVE N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33714

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

Beth Maslar

THE REGISTERED AGENT MUST SIGN

Date

10/27/98

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:

BETH MASLAR
Beth Maslar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/98 813/526-9127

CR2E060 (9/97)