

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 28 PM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 587383

1. Corporation Name

NEW 201 CORPORATION

Principal Place of Business

Mailing Address

~~2403 W. VINA DELMAR BLVD~~
~~ST. PETERSBURG FL 33708~~
US

~~2403 W. VINA DELMAR BLVD~~
~~ST. PETERSBURG FL 33708~~
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSDT	DAVENPORT, JOSEPH	2403 W. VINA DELMAR BLVD 4 BRIGHTWATER CIR N.E.	ST. PETERSBURG FL 33708 33704
			100003493411--6 -12/11/00--01040--013 ****750.00 ****750.00

REINSTATEMENT DO 178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSEPH DAVENPORT

~~2403 W. VINA DELMAR BLVD~~
~~ST PETERSBURG FL 33708~~

JOSEPH P. DAVENPORT
~~4 BRIGHTWATER CIR N.E.~~
33704

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

Joseph 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:

Joseph 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)