APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

JAMES A. MCNULTY, CERTIFIED PUBLIC ACCOUNTANT, PROFESSIONAL ASSOCIATION

Principal Place of Business

3212 FOUNTAIN BLVD. TAMPA PL 33629

1. Corporation Name

Mailing Address

3212 FOUNTAIN BLVD-TAMPA EL 33629

FILED

00 DEC -7 AM 8: 46

SEGRETARY OF STATE TALEAHASSEE, FLORIDA



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4.1

If above as	ddresses are	e incorrect in any way, line the	rough incorrect in	nformation and er	nter correction below.	REIN	STATEME	NT XXX	
4419 Sevicia Poz				g Office Address, If Applicable ひょメ ノッグブ(い		4. Date Incorporated or Qualified To Do Business in Florida 03/01/1980			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number		Applied For	
City & State TMO PA FLA			City & State Tampa FLA			59-1982235 Not Applicable 6.			
Zip 3 36 0 9 Country Us. 1			Zip 33619-04 Country USA			CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street A	ddresses of Each Officer and	/or Director (Flo	rida nonprofit cor	porations must list at le	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director						
PTD	MCNULT	Y, JAMES A		-8212 FOUNT 4419	AIN BLVD. Jegica	STREET	TAMPA FL- 33629 -	33609	
						3	 	<u>49837</u> 01082016	
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, ', ', '447z								LS	
8. Name and Address of Current Registered Agent						9. Name and	9. Name and Address of New Registered Agent		
MCNULTY, JAMES A.						mes A. minury			

3212 FOUNTAIN BEVD. TAMPA FL 33629 -

Suite, Apt.#. E

Zip Code 326 04

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

JRE REQUIRED REGISTERED AGENT MUST SIGN

20/00

11. I certify that I am an officer on 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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