

SENT BY:

5-13-97 1:41PM

054784489AL Department of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED 97000007843

1997 MAY 13 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

732299

1. Corporation Name

Consolidated Bank Building, Inc.

Principal Place of Business

900 W. 49th Street
Hialeah, FL 33012

Mailing Address

900 W. 49th Street
Hialeah, FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Claimed
To Do Business in Florida

3/28/75

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FBI Number

Applied For

City & State

City & State

59-1584203

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

1	2	3	4
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
PD	Monica Ammann	400 N Ashley Drive	Tampa FL 33602
VPD	Tim Dapra	400 N Ashley Drive	Tampa FL 33602
TD	Anthony Hydar	400 N Ashley Drive	Tampa FL 33602

REINSTATEMENT '96-'97

SCC 5-13-97

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Milne, Samuel A
Attn: Controller's Div., 3rd floor
900 W. 49th Street
Hialeah, FL 33012

Name
Monica L. Ammann
Street Address (P.O. Box Number is Not Acceptable)
400 N. Ashley Drive
Suite, Apt. #, etc.
8th Floor
City
Tampa
State
FL
Zip Code
33602

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0805, F.S.

Signature of
Registered Agent

Monica L. Ammann
REGISTERED AGENT MUST SIGN

Date May 7, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(2)(b) in the event that the information supplied is determined to be false or misleading. I certify that I am an officer or director of the corporation or trustee empowered to execute the 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., and that all fees owed by the corporation have been paid. 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:

Monica L. Ammann
SIGNATURE AND TYPE OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

May 7, 1997

813-224-5176

W97000007843

SENT BY:

: 5-13-97 : 1:41PM :

95475448998- Department of State: #2

732299

5/13/97.

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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((H97000007843 D))

TO: DIVISION OF CORPORATIONS

FAX #: (904) 922-4000

FROM: RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL,
CONTACT: SUSAN OSBORNE
PHONE: (954) 761-2910

ACCT#: 076077000521

FAX #: (954) 764-4996

NAME: CONSOLIDATED BANK BUILDING, INC.

AUDIT NUMBER.....H97000007843

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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DIVISION OF CORPORATIONS