

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 758593

1. Corporation Name

CENTRAL BUILDING ASSOCIATION, INC.

Principal Place of Business

1720 CENTRAL AVENUE
ST PETERSBURG FL 33712

Mailing Address

CENTRAL BUILDING ASSOC
1720 CENTRAL AVENUE
ST. PETERSBURG FL 33712-1342

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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1981

5. FEI Number

59-0807511

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
P	ROBERSON, DAVID G.	526 ST. TROPEZ CIRCLE, N.E.	ST. PETERSBURG FL
SD	CZYZEWSKI, EDWARD S	5160 HORSESHOE PL NE	ST. PETERSBURG FL
D	BUONETO, GEORGE	4500 OVERLOOK DR.	ST. PETERSBURG FL
VP	HAIGHT, RICHARD W.	5320 DENVER ST., N.E.	ST. PETERSBURG FL
T	MALEK, GERALD	6094 138 AVENUE NORTH	CLEARWATER FL
VP	NOVAK, FRANK	1760 78AVE N	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

MALEK, GERALD
6094 138 AVENUE NORTH
CLEARWATER FL 34620

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

State 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

Gerald B. Malek

REGISTERED AGENT MUST SIGN

Date

4/18/97

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 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:

Gerald B. Malek, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97 (813) 531-2553
Date Daytime Phone #

FILED

97 JUN 13 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-97