

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 MAR 16 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NOVAK, FRANK	1760 78 AVE. N.	ST. PETERSBURG FL
SO VP	CZYZEWSKI, EDWARD S	5160 HORSESHOE PL NE	ST. PETERSBURG FL
D	BUONETO, GEORGE	4500 OVERLOOK DR.	ST. PETERSBURG FL
VP S	HAIGHT, RICHARD W	5320 DENVER ST., N.E.	ST. PETERSBURG FL
T	MALEK, GERALD	6094 138 AVENUE NORTH	CLEARWATER FL
P	SCANLAN, WILLIAM J.	4401 1ST ST NE	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

Name

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

Suite, Apt. #, Etc.

City

8000003180808-4

03/22/00-01110-019

\*\*\*\*245.00

State Zip 33745.00  
FL

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

*Signature* **SIGNATURE REQUIRED**

Date 3/8/00

REGISTERED AGENT MUST SIGN

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:

*Signature* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

(727) 526-3966  
Date Daytime Phone #

WILLIAM J. SCANLON President

CR2E040 (8/99)