

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
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**REINSTATEMENT**

*09-100*

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		4. Date Incorporated or Qualified To Do Business in Florida <b>06/03/1981</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-0807511</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	4 City / State / Zip
D	NOVAK, FRANK	1760 78 AVE. N.	ST. PETERSBURG FL
<i>SO VP</i>	CZYZEWSKI, EDWARD S	5160 HORSESHOE PL NE	ST. PETERSBURG FL
D	BUONETO, GEORGE	4500 OVERLOOK DR.	ST. PETERSBURG FL
<i>VP S</i>	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)	<b>800003180808-4</b>
Suite, Apt. #, Etc.	<b>03/22/00-01110-019</b>
City	<b>****245-00</b>
State	<b>FL</b>
Zip	<b>33245.00</b>

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** Date **3/9/00** (727) 526-3966 **KE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
 WILLIAM J. SCANLON President

CR2E040 (8/99)