

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1997 MAR 11 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 847235

1. Corporation Name

TAP (FIVE), INC.

Principal Place of Business

Mailing Address

185 NW SPANISH RIVER BLVD.
SUITE 202
BOCA RATON FL 33431
US

P.O. BOX 3659
TEQUESTA FL 33469
US

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

140 Intracoastal Pt Dr

Suite, Apt. #, etc.

Suite #212

Suite, Apt. #, etc.

City & State

City & State

Jupiter, FL

Zip

Country

Zip

Country

33477

US

4. Date Incorporated or Qualified To Do Business in Florida

10/16/1980

5. FEI Number

98-0041374

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ X

\$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
MD	GIBBONS, DAVID H	4966 COUNTY LINE RD	TEQUESTA FL
VT	LA SALA, THOMAS	175 MEMORIAL HWY. 66 Palmer Avenue	NEW ROCHELLE NY 10801 Bronxville, NY 10708
PS	BROZMAN, SHEP	360 E 65TH ST	NEW YORK NY
			300002110833--4 -03/12/97--01027--004 *****923.75 *****923.75
			REINSTATEMENT 196-97 SCL 3-1147

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID H. GIBBONS
4966 COUNTY LINE RD.
TEQUESTA FL 33469

Name

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

Suite, Apt. #, Etc.

City

State
FL

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 David H. Gibbons

REGISTERED AGENT MUST SIGN

Date 9/17/96

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:

David H. Gibbons David H. Gibbons

9/17/96

561-745-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/96)