

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -1 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F35598**

1. Corporation Name

Thomas J Bellante CPA PA

2. Principal Office Address

14706 Croydon place

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33613

Country

Hillsborough

3. Mailing Office Address

14706 Croydon place

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33613

Country

Hillsborough

000076202630
06/14/06--01040--001 **2577.50

REINSTATEMENT **86-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/81

5. FEI Number

59-2093569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas J Bellante

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

14706 Croydon place

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

5/19/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Thomas J Bellante	14706 Croydon place	Tampa FL 33613
Dir	Thomas J Bellante	14706 Croydon place	Tampa FL 33613
Dir	Diane M Bellante	14706 Croydon place	Tampa FL 33613

10. 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 contained in Chapter 119, 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]
Thomas J Bellante - Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/19/06

Daytime Phone #

813960 7451



May 19, 2006

The Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Gentlemen:

Enclosed please find my corporate reinstatement application for Thomas J. Bellante, C.P.A., P.A. (Document Number F35598), along with my check in the amount of \$2,577.50, which represents the back annual report fees to reinstate this corporation per my discussion with one of your staff members today.

I respectfully request that you waive any penalties and the reinstatement fee since my corporation has moved its offices numerous times since 1986 and I did not receive annual report notices regarding the dissolution of its charter.

Should you have any questions on the above, please do not hesitate to contact me directly at my office.

Yours very truly,

A handwritten signature in black ink, appearing to read "TJB", with a long horizontal line extending to the right.

Thomas J. Bellante, C.P.A.

TJB/dso
Enclosure

Pender Newkirk & Company • Certified Public Accountants

100 South Ashley Drive • Suite 1650 • Tampa, Florida 33602 • (813) 229-2321 • Fax (813) 229-2359 • Web Site: www.pnccpa.com

Member of Private Companies Practice Section and SEC Practice Section of American Institute of Certified Public Accountants