

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F73086

1. Corporation Name

TYSCOT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10821 CANAL STREET
LARGO FL 34647

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LARGO FL 34647

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

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1982

5. FEI Number

59-2174809

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 (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
PST	ABRAHAMS, ROBERT	1934 COVE LANE	CLEARWATER, FL 00000
D	ABRAHAMS, ROBERT	1934 COVE LANE	CLEARWATER, FL 00000
VD	ABRAHAMS, DALE	1934 COVE LANE	CLEARWATER, FL 00000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRATS, LUIS
424 CENTRAL AVE., 10TH FLOOR
ST. PETERSBURG FL 33701

Name
Robert Abraham
Street Address (P.O. Box Number is Not Acceptable)
1934 Cove Lane
Suite, Apt. #, Etc.

City
Clearwater
State
FL
Zip Code
34674

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]
REGISTERED AGENT MUST SIGN

Date *11/12/98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

[Signature]
REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98
Date

Daytime Phone #

CR25040 (9/98)