

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

DOCUMENT # **F73888**

1 Corporation Name

Simms Realty Investments, Inc.

96 DEC 16 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

REINSTATEMENT 95-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

313 S Howard Av.

3. New Mailing Address, If Applicable

PO Box 10555

4. Date Incorporated or Qualified To Do Business in Florida

3/12/86

Suite, Apt. #, etc.

Suite # 3

Suite, Apt. #, etc.

5. FEI Number

59-2176666

Applied For :

Not Applicable

City & State

Tampa, Fla

City & State

Tampa, FL

Zip

33606

Country

Hillsborough

Zip

33679

Country

Hillsborough

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)

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
Pres	<i>Scott L. Simms</i>	<i>4915 San Rafael</i>	<i>Tampa, FL 33629</i>
Sec.	<i>Scott L. Simms</i>	<i>4915 San Rafael</i>	<i>Tampa, FL 33629</i>

500002033185-1
-12/19/96--01006--014
****575.00 ****575.00

LB 12/17/96

8. Name and Address of Current Registered Agent

*Scott L. Simms
4915 San Rafael
Tampa, FL 33629*

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/11/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Scott L. Simms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/96
Date

(813) 878-0928
Daytime Phone #

CR2E40 (12/95)