

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000005889

1. Corporation Name

ALTA GULF FM, INC.

Principal Place of Business

Mailing Address

35048 U.S. Highway 19
Palm Harbor, FL 34684

Same

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/94

5. FEI Number

59-3276601

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 |
|---------------|---|--|-------------------------|
| PD | CARL J. MARCOCCI | 35048 US Highway 19 | Palm Harbor, FL 34684 |
| STD | BETTY LOU MARCOCCI | 35048 US Highway 19 | Palm Harbor, FL 34684 |
| V | SHARON K. MARCOCCI | 35048 US Highway 19 | Palm Harbor, FL 34684 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

Thomas C. Jennings, III
c/o Repka & Jennings, P.A.
28870 U.S. Highway 19, #408
Clearwater, FL 34621

9. Name and Address of New Registered Agent

Name
Carl Marcocci
Street Address (P.O. Box Number is Not Acceptable)
35048 U.S. Highway 19
Suite, Apt. #, Etc.
City
Palm Harbor
State
FL
Zip Code
34684

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

REGISTERED AGENT MUST SIGN

Date 12/18/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Marcocci, Pres.

Date

Daytime Phone #

12/18/97 (813) 849-2285

FILED

97 DEC 19 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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