

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 # F98527

1. Corporation Name

Fletcher Mall Development, Inc.

Principal Place of Business

Mailing Address

3966 Airway Drive
Clearwater, FL 34622

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

9/8/82

5. FEI Number

59-1611424

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/T/D	Robert K. Fletcher	3966 Airway Circle	Clearwater, FL 34622
V/S	Larry Hager	1582 Cottonwood Terrace	Dunedin, FL

100002227101--8
-06/30/97--01174--002
****\$23.75 ****\$23.75

986-26 97

8. Name and Address of Current Registered Agent

Donald R. Mastry
360 Central Avenue, Suite 1500
St. Petersburg, FL 33701

9. Name and Address of New Registered Agent

Name
Robert V. Williams
Street Address (P.O. Box Number is Not Acceptable)
One Tampa City Center
Suite, Apt. #, Etc.
Suite 2600
City
Tampa

State
FL

Zip Code
33602

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

Robert V. Williams 6/23/97
REGISTERED AGENT MUST SIGN

Date

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

Larry Hager, Vice President

6/17/97
Date

813-571-1088
Daytime Phone #

CR2E040 (12/96)