

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

96 DEC 16 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G67720**

1. Corporation Name

D. RUSSELL STAHL, P.A.

Principal Place of Business

Mailing Address

215 W. VERNE ST., SUITE D HEC
TAMPA FL 33606

215 W. VERNE ST., SUITE D
TAMPA FL 33606

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.

1100 W. Kennedy Blvd

City & State

Tampa, FL

Zip 33606

Country USA

Suite, Apt. #, etc.

1100 W. Kennedy Blvd

City & State

Tampa, FL

Zip 33606

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1983

5. FEI Number

59-2433257

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)

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
DP	RUSSELL, STAHL D.	215 W. VERNE ST., STE D	TAMPA FL

700002032917--6
-12/18/96--01101--004
****375.00 ****375.00

12-17-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STAHL, D. RUSSELL
215 W. VERE ST., STE D
TAMPA FL 33606

Name

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

1100 W. Kennedy Blvd

Suite, Apt. #, Etc.

Tampa

City

Tampa

State

FL

Zip Code

33606

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] REQUIRED

Date

REGISTERED AGENT MUST SIGN

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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/96

Date

813-251-5550

Daytime Phone #