

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 DEC 10 AM 11:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **G94043**

1. Corporation Name

**TAMRICKAY, INC.**

Principal Place of Business

Mailing Address

3395 W MEMORIAL BLVD.  
 LAKE LAND FL 33801-1084

3395 W MEMORIAL BLVD.  
 LAKE LAND FL 33801-1084



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/30/1984	
City & State		City & State		5. FEI Number	
Zip		Country		69-2386671	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	BLANTON, D. KAY	540 HOWARD AVENUE	LAKELAND FL
V	BLANTON, ALBERTA E.	410 LONE PALM DR.	LAKELAND FL
ST	PARKER, RICHARD J.	540 HOWARD AVENUE	LAKELAND FL

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 \*\*\*758.00 \*\*\*758.00

**REINSTATEMENT 98 13 12/11/98**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BLANTON, D. KAY 540 HOWARD AVENUE LAKELAND FL 33801		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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 *Sandra B. Mortham* **SIGNATURE REQUIRED** Date 11/17/98  
 REGISTERED AGENT MUST SIGN

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: *Sandra B. Mortham* **SIGNATURE REQUIRED** Date 11/17/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 941-680-2695

CR2E040 (8/88)