

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 18 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

00

DOCUMENT # H33349

1. Corporation Name

JOHN E. KASSOS, P.A.

Principal Place of Business

2205 TYRONE BLVD.  
P.O. BOX 41050  
ST. PETERSBURG FL 33743

Mailing Address

2205 TYRONE BLVD.  
P.O. BOX 41050  
ST. PETERSBURG FL 33743

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

2. New Principal Office Address, If Applicable

7200 49TH STREET N.  
ST. PETERSBURG, FL  
City & State

3. New Mailing Office Address, If Applicable

P.O. BOX 41050  
Suite, Apt. #, etc.  
ST. PETERSBURG, FL  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/1984

SP

5. FEI Number

59-2474927

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	4 City / State / Zip
PST	KASSOS, JOHN E.	2205 TYRONE BLVD 2200 49TH ST. N.	ST PETERSBURG FL 33710

600003514636-2  
-12/27/00--01074--008  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

KASSOS, JOHN E.  
5830 BAYSHORE DRIVE NORTH  
SEMINOLE FL 33542

9. Name and Address of New Registered Agent

Name KASSOS, JOHN E.  
Street Address (P.O. Box Number is Not Acceptable)  
2200 49TH STREET N.  
Suite, Apt. #, Etc.  
City ST PETERSBURG, State FL Zip Code 33710

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  
REGISTERED AGENT MUST SIGN

Date

12/14/84

11. 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)(f), 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  
JOHN E. KASSOS

Date

Daytime Phone #

12/14/84 727  
327-1993