

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

97 APR -1 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K80008

1. Corporation Name

STOREHOUSE OF TAMPA, INC

Principal Place of Business

Mailing Address

4200 PERIMETER PARK SOUTH  
SUITE 100  
ATLANTA, GA 30341

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

REINSTATEMENT

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.

5. FEI Number

Applied For

City & State

City & State

58-1075665

Not Applicable

Zip

Country

Zip

Country

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
P/D	WILLIAM C MYNATT	4200 PERIMETER PARK SOUTH SUITE 100	ATLANTA, GA 30341
V/S	JOHN H. NICHOLS III	4200 PERIMETER PARK	ATLANTA, GA 30341
V	RICHARD GOLDSTEIN	4200 PERIMETER PARK	ATLANTA, GA 30341
V	JAMES R WOOD	4200 PERIMETER PARK	ATLANTA, GA 30341
100002131481-9 -04/02/97--01076--017 ***1758.75 ***1758.75			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION  
8751 West Broward Blvd.  
Plantation, FL 33324

Name  
CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
Suite, Apt. #, Etc.  
City  
Plantation  
State  
FL  
Zip Code  
33324

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

Conie Bryan

JOHNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date 4/1/97

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:

JOHN H. NICHOLS, III

3/26/97 770-457-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)