

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1994-1996

DOCUMENT #

J42432

1996 NOV -8 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Parranelli's, INC.

Principal Place of Business

Mailing Address

1815 W. Platt St.
Tampa, FL 33606

200002004322--8
-11/14/96--01037--003
****775.00 ****775.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing 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

89-2828665

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
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
DVT	Sheila Yeatts	308 S. Westland #12	Tampa, FL 33606
D	Jack Pater	1815 W. Platt St.	Tampa, FL 33606
PSD	Thomas Ortiz	308 Fremont	Tampa, FL 33606

REINSTATEMENT

94-96

SEC 11-8-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Sheila Yeatts
308 S. Westland Ave #12
Tampa, FL 33606

Name: Sheila Yeatts
Street Address (P.O. Box Number is Not Acceptable): 308 S. Westland Ave
Suite, Apt. #, Etc.: 12
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

REGISTERED AGENT MUST SIGN

Date

July 29, 1996

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 657 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., and that all fees owed by the corporation have been paid. 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

Sheila Yeatts Sheila Yeatts

July 29, 1996 813-258-3269

Daytime Phone #