

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 NOV 20 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

159662

1. Corporation Name

THE ELM CORPORATION

Principal Place of Business

Mailing Address

618 PINELAND AVE
BELLAIR, FLORIDA, 33756

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.

5. FEI Number

Applied For

City & State

City & State

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
PRES.	SARAH JANE BLACKFORD	618 PINELAND AVE BELLAIR, FL 33756	BELLAIR, FL 33756
Sec. S.D.	CHRISTINA LYNN McCauley	501 JANICE PLACE	INDIAN ROCKS BEACH, FL 33463
TREAS.			

REINSTATEMENT

96 48
B. 11/24/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert V. Williams
100 SOUTH ASHLEY DRIVE
SUITE 2100
TAMPA, FL 33602

Name John Bosmoski Jr.

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

600 Bypass Drive

Suite, Apt. #, Etc.

319

City

CLEARWATER, FL

State

FL

Zip Code

33764

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 11-19-98

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-98
Date

727-581-2061
Daytime Phone #

CR2E040 (1/98)