

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 178413

1. Corporation Name

8804, Inc.

Principal Place of Business

Mailing Address

8804 66th Street North
Pinellas Park, Fla. 34666

Same

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

2. New Principal Office Address, If Applicable

n/a

3. New Mailing Office Address, If Applicable

n/a

Suite, Apt. #, etc.

-

Suite, Apt. #, etc.

-

City & State

-

City & State

-

Zip

-

Country

-

Zip

-

Country

-

4. Date Incorporated or Qualified
To Do Business in Florida

6/18/87

5. FEI Number

N/A

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Barbara Lynn House	6095 72nd Avenue North	Pinellas Park, Fla. 34666 33781
Sec.	same	same	same
			400002291604--9 -09/12/97--01067--001 ***915.00 ***915.00

8. Name and Address of Current Registered Agent

Bernard R. House
5922 50th Avenue N.
St. Petersburg, Fla 33709

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

Bernard R. House

REGISTERED AGENT MUST SIGN

Date

9/9/97

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:

Barbara Lynn House (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/9/97

Daytime Phone #

813-541-5009

CR2040 (12/96)

FILED
97 SEP 11 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

90-97