

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

(B)

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 DEC -3 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J91782

1. Corporation Name

EQUITY GENERAL PARTNER, INC.

Principal Place of Business

Mailing Address

PO BOX 3318  
P.O. BOX 3318  
TAMPA FL 33601-3318  
US

PO BOX 3318  
P.O. BOX 3318  
TAMPA FL 33601-3318  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/1987

5. FEI Number

65-0004585

Applied For

Not Applicable

6. 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 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
<del>SECRETARY</del>	<del>SECRETARY</del>	<del>SECRETARY</del>	<del>SECRETARY</del>
S	BELL, ROBERT W., JR.	4110 KENSINGTON AVE.	TAMPA FL
PCD	BELL, ROBERT	6146 SAN JOSE ST	TAMPA FL
VD	WALKER, TYRONE A	308 BLANCA AVE	TAMPA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELL, ROBERT W.  
3600 OAKMANOR LN.  
LARGO FL 34644

Name

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

Suite, Apt. #, Etc.

City

State

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

*Robert W. Bell, Jr.*  
REGISTERED AGENT MUST SIGN

Date 10-4-96

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:

*Robert W. Bell, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert W. Bell, Jr.

10-4-96

813-586-4262

Date

Daytime Phone