PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

97 JAN 14 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K03786

1. Corporation Name
PRESIDENTIAL PROPERTIES OF TAMPA BAY, INC.

Mailing Address / Principal Place of Business
P.O. BOX 186
PALM HARBOR, FL 34682

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable		3. New Principal 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: 11/25/87

5. FEI Number: 59-2857287 ☐ 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
P	DAWN E. HANDLEY	1303 VERMONT AVE.	TARPON SPRINGS, FL 34689
ST	RUTH FANOVICH	2985 FAIRFIELD COURT	PALM HARBOR, FL
C	CARL CORINO	RT. 1, BOX 455	BRADYVILLE, TN
D	WILLIAM HANDLEY	1303 VERMONT AVENUE	TARPON SPRINGS, FL 34689
VP	BONNIE STANTON	3211 LEPRECHAUN LANE	PALM HARBOR, FL 34621

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*****15.00 *****15.00

8. Name and Address of Current Registered Agent

BONNIE STANTON
3211 LEPRECHAUN LANE
PALM HARBOR, FL 34621

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

REINSTATEMENT 1996-97

CR2E045 (6/94)

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: Bonnie Stanton
BONNIE STANTON — REGISTERED AGENT MUST SIGN

Date: 1/14/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 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., 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: Dawn E. Handley
DAWN E. HANDLEY, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____