

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine B. Lewis
Secretary of State
DIVISION OF CORPORATIONS

1982
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 20 AM 10:09

DOCUMENT # L19376

1. Corporation Name

TYSON BOLT & SUPPLY COMPANY OF TAMPA, INC.

Principal Place of Business

Mailing Address

C/O E. JACKSON BOGGS
2801 ADAMO DR.
TAMPA FL 33605

C/O E. JACKSON BOGGS
2801 ADAMO DR.
TAMPA FL 33605



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

09/28/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2970535

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
DPT	TYSON, PAUL C.	2801 ADAMO DRIVE	TAMPA FL
Pres	Tyson, Judith L.	2801 Adamo Dr.	Tampa, FL 33605

400004706354--6

-12/05/01-01063-022

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOGGS, E. JACKSON
501 EAST KENNEDY BLVD. SUITE 1700
TAMPA FL 33602

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

10-18-01

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-01

A handwritten signature in black ink, appearing to be '2df2'.

FLORIDA DEPARMENT OF STATE:

10/15/01

PLEASE EXCUSE THE LATE PAY FOE OUR UNIFORM BUSINESS REPORT.
I HONESTLY NEVER RECEIVED ANY DOCUMENTS STATING THIS FEE WAS OWED.
WHEN I CALLED THE DEPARTMENT OF STATE , THEY ADVISED I WRITE THIS LETTER
OF EXPLAINATION AND MAIL ORIGINAL FEE OF 150.00

SINCERELY,
MELISSA COMBS A/P