

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
96-98 A
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L44853

1. Corporation Name

TODD NOVAK, INC.

Principal Place of Business

% TODD NOVAK
3613 E. CLARK CIRCLE
TAMPA FL 33629

Mailing Address

% TODD NOVAK
3613 E. CLARK CIRCLE
TAMPA FL 33629

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

2. New Principal Office Address, If Applicable

5201 W. KENNEDY BLVD
Suite, Apt. #, etc.

SUITE 520

City & State
TAMPA, FL

Zip
33609

Country
HILLSBOROUGH

3. New Mailing Office Address, If Applicable

5201 W. KENNEDY BLVD
Suite, Apt. #, etc.

SUITE 520

City & State
TAMPA, FL

Zip
33609

Country
HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida

01/19/1990

5. FEI Number

59-2995595

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City & State |
|----------|-----------------------------------|---|-----------------|
| PD | NOVAK, TODD | 3613 E. CLARK CIRCLE | TAMPA FL |
| PD | NOVAK, DARBY | 5201 W. KENNEDY BLVD SUITE 520 TAMPA, FL 33609 | TAMPA, FL 33609 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

NOVAK, TODD
3613 E. CLARK CIRCLE
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name
DARBY JAMISON - NOVAK
Street Address (P.O. Box Number is Not Acceptable)
5201 W. KENNEDY BLVD
Suite, Apt. #, Etc.
SUITE 520
City
TAMPA
State
FL
Zip Code
33609

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

Date 7/30/98

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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93 AUG 21 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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08/28/98 01075-004
****200.00
400002627924-005
08/28/98 01075-005
****315.00 ****315.00
825-08

CR2E040 17/95

20f2

Harvey, Mutchnick & Lukens, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

MICHAEL C. HARVEY, CPA
MARK R. MUTCHNICK, CPA
DANIEL L. LUKENS, CPA

5201 W. KENNEDY BLVD.
SUITE 520
TAMPA, FLORIDA 33609

July 29, 1998

(813) 282-9595
FAX (813) 282-9681

Ms. Louise Flemming-Jackson
Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Todd Novak, Inc.
Ref: L44853

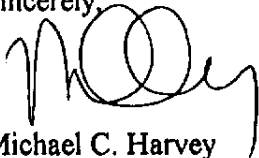
Dear Ms. Flemming-Jackson:

In response to the enclosed correspondence dated July 15, 1998, we offer the following information. The taxpayer was not notified of the requirement to file the referenced Annual Report and was not aware of the filing requirement. During the applicable period, there was an address change, as well as, a change of officers and stockholders. As a likely result of the address change, the new stockholder did not receive the Annual Reports. Accordingly, we respectfully request that the corporation be reinstated for the normal report fee for the applicable periods of \$315.00 (\$165.00 & \$150.00). The taxpayers check in the amount of \$315.00 is enclosed. Please adjust your records accordingly.

Additionally, the taxpayer has enclosed its check in the amount of \$35.00 in payment of the fee for filing the enclosed articles of amendment.

Thank you for your assistance in this matter.

Sincerely,



Michael C. Harvey
MCH/dbw

Enclosures

cc: Ms. Darby Jamison-Novak