

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 # M85819

1. Corporation Name

East Tampa Properties, Inc.

Principal Place of Business

550 N. R20 ST.
Suite # 300
Tampa FL
33609

Mailing Address

260 Franklin St.
Suite 1840
Boston MA
02110

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

6/16/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2901848

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C.P.D.	Polyvios C. Vintiadis	2 Pickwick Plaza 4th Floor	Greenwich CT 06830
V.P.	D. Scott Ross	260 Franklin St. Suite 1840	Boston MA 02110

400002164164-8
-05/02/97-01120-005
****\$15.00 ****\$15.00

8. Name and Address of Current Registered Agent

Scott I. Peek
1511 N. Westshore
Suite 150
Tampa FL 33607

9. Name and Address of New Registered Agent

Name
Intrastate Registered Agent Corp.
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of
Registered Agent X by Matthew, as its Vice President
REGISTERED AGENT MUST SIGN

Date 4/25/97

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: X D Scott Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Scott Ross 4/2/97
Date
617-439-9077
Daytime Phone #