

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000002304**

1. Corporation Name

TARPON SPRINGS BUSINESS ALLIANCE, INC.

Principal Place of Business

Mailing Address

167 TARPON AVE.
TARPON SPRINGS FL 34689

167 TARPON AVE.
TARPON SPRINGS FL 34689

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

2. New Principal Office Address, If Applicable

708 E. Tarpon Ave.

Suite, Apt. #, etc.

Suite 19

City & State

Tarpon Springs FL

Zip

34689

Country

Pinellas

3. New Mailing Office Address, If Applicable

708 E. Tarpon Ave.

Suite, Apt. #, etc.

Suite 19

City & State

Tarpon Springs FL

Zip

34689

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2002

5. FEI Number

02-0595794

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 3	City / State / Zip 4
T/D	GROSS, WAYNE	167 TARPON AVE.	TARPON SPRINGS FL 34689
D	MENLER, PAUL	134 E. TARPON AVE.	TARPON SPRINGS FL 34689
D	STERGOS, MICHAEL	8320 WEST HIAWATHA	TAMPA FL 33615
P/D	Menzer, Paul	134 E. Tarpon Ave.	Tarpon Springs FL 34689
V/D	Comstock, Cindy	153 E. Tarpon Ave.	Tarpon Springs FL 34689
S/D	Bohnke, Jasmine	124 E. Tarpon Ave.	Tarpon Springs FL 34689

8. Name and Address of Current Registered Agent

GROSS, WAYNE
167 TARPON AVE.
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

400023769414

10/13/03--01113--012 **245.00

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. or 617.0505, F.S.

Signature of
Registered Agent

Wayne Gross

REGISTERED AGENT MUST SIGN

Date **10/9/03**

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:

Paul Menzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

727 938 3156

Daytime Phone #

CR2E040 (7/03)