

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR -8 11 0:30

DOCUMENT # N02000008280

1. Corporation Name

MaSquerade of Tampa Bay, Inc.

2. Principal Office Address - No P.O. Box #

12033 Gandy Blvd. N

Suite, Apt. #, etc.

#135

City & State

St. Petersburg, FL

Zip

33702

Country

USA

3. Mailing Office Address

12033 Gandy Blvd. N

Suite, Apt. #, etc.

#135

City & State

St. Petersburg, FL

Zip

33702

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 2, 2005

5. FEI Number

01-0749314

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Andrea Felder

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

12033 Gandy Blvd. N

Suite, Apt. #, Etc.

#135

City

St. Petersburg

State

FL

Zip Code

33702

400271553534
04/08/15--01008--016 **358.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Andrea Felder

Date 04/06/2015

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pat</u>	<u>Jenna Felder</u>	<u>10475 Gandy Blvd. N #1216</u>	<u>St. Petersburg, FL 33702</u>
<u>V&S</u>	<u>Andrea Felder</u>	<u>12033 Gandy Blvd. N #135</u>	<u>St. Petersburg, FL 33702</u>
<u>D</u>	<u>Dr. Beverly Wickson</u>	<u>3435 Heards Ferry Dr.</u>	<u>Tampa, FL 33618</u>
<u>D</u>	<u>Denyse Wilkins</u>	<u>125 97th Ave NE</u>	<u>St. Petersburg, FL 33702</u>

10. E-mail Address: 200control49@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Andrea Felder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/2015

Date

Daytime Phone #