

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29099**

1. Corporation Name

PINELLAS/BAYWAY CORPORATION
W97-22576

Principal Place of Business

Mailing Address

4125-31ST STREET SOUTH
ST. PETERSBURG, FL 33712

REINSTATEMENT 95-97

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

11-3-88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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
PD	NINIAN BEALL, JR	2901 67TH AV S	ST. PETERSBURG, FL 33712
D	CARL COLVIN	4526 25TH AV S	ST. PETERSBURG, FL 33711
SD	O'NEAL MILTON	4226 ALBERCA WAY S	ST. PETERSBURG, FL 33712
D	OLIVER FORD	5855 16TH ST. S	ST. PETERSBURG, FL 33705

900002364229--2
-12/05/97--01065--005
******358.75 ****358.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'NEAL J. MILTON
4226 ALBERCA WAY S
ST. PETERSBURG, FL 33712

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

O'Neal J. Milton
REGISTERED AGENT MUST SIGN

Date **9-12-97**

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:

O'Neal J. Milton **O'NEAL J. MILTON** **9-12-97** **913-866-9376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)