	PLEASE REA	D ALL INST	KUCTIONS	BEFORE C	COMPLETI	NG THIS FORM.		
APPLICATION FLORIDA			A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			Α <i>ΡΡΙ</i> <b>Α</b>	ROVE!! ND LED	
REIN	STATEMENT	ISION OF CORPORATIONS			98 JUN -8 PM 2: 51			
DOCUMENT # NUM 74  1. Comporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Beach Drive and Downtown Business Association, Inc.							COMBR	
Principal Pi	ace of Business	ess						
×.	P 0 Box 3074 St. Petersburg, FL 33731							
if above addresses are incorrect in any way, line through incorrect monitation and enter correction below.					REINSTATEMENT <u>96-98</u>			
TIMOTHY HUFF			ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1-22-92			
Suite, Apt. #	THIRD ST, NORT	H   Suite, Apt. #,	etc.		5. FEI Number , Applied For			
City & State ST. /3 Zip 337	PETERSBURG, FL.	St. Pete	Petersburg, FL Country 33731 Pinellas		59-3169066 Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 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)							William ak	
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nun		•	City / Stat	3 2 W 4 W 17		
Pres	Timothy Huff, Direc	254 Third	254 Third Street North		St. Petersburg	FL 33701		
VP	Bob Serata, Director 144 Be			Drive NE		St. Petersburg	FL_33701	
Sect	Patti Rondolino, D	418 Beach	Drive NE		St. Petersburg	, FL 33701		
Treas	Toni Tassoni	800 Second Avenue NE			St. Petersburg	FL 33701		
				90	0000255 <b>7039</b> 2 -06/11/9801087005			
						****358.75	WWW.358.75	
<del></del>	8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
7 3	Street Address (P.O. Box Numb					F Not Acceptable)	901.00	
548 THIRD ST, NORTH Suite, April Etc. #3							CB2E040	
St. PETERSBURG State Zip Code 701							zip Code 701	
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 State Agent Must sign  Date 3/13/98  REGISTERED AGENT MUST SIGN								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No X   (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 TYPED OR PRINTED NOME OF SIGNING OFFICER OR DIRECTOR 10 Date 1303								