

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 OCT 16 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001312

1. Corporation Name

TREASURE ISLAND CHARITIES, INC.

Principal Place of Business

12781 KINGFISH DR.
TREASURE ISLAND FL 33706

Mailing Address

12781 KINGFISH DR.
TREASURE ISLAND FL 33706

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1993

5. FEI Number

59-3170845

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PT	FARNER, TERRY	3814-48TH AVENUE SOUTH	ST. PETERSBURG FL 33711
VPT	STILES, BOB	7300-4TH AVENUE SOUTH	ST. PETERSBURG FL 33707
FF S	MARTINOVICH, JOHN JACLYN TURNER	10520-118TH STREET NORTH 311, JULIA CLACK N	SEMINOLE FL 33776 ST. PETER BEACH, FL. 33706
D	PADGETT, JANET M JON WILLIS	8753 PORTSIDE DR 156, 44TH AVE. NE	SEMINOLE FL 33776 ST. PETERSBURG, FL. 33703
T	RICE, SID	47 DOLPHIN DRIVE	TREASURE ISLAND FL 33706
T	BERARDELLI, JEFF	11001-4TH ST N. #116 10263, GANDY BLVD # 304	ST PETERSBURG FL 33740 33702

8. Name and Address of Current Registered Agent

FARNER, TERRY
12781 KINGFISH DR.
TREASURE ISLAND FL 33706

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

REINSTATEMENT

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

Signature
SIGNATURE REQUIRED

Date

10/12/2000

REGISTERED AGENT MUST SIGN

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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2000
Date

(727)363-0071
Daytime Phone #