

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND IS FORM
FILED

1999 AUG -6 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000005762

1. Corporation Name

TRACT 11 FACILITIES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

311 PARK PLACE BLVD.
CLEARWATER FL 33759

~~311 PARK PLACE BLVD.
CLEARWATER FL 33759~~

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

REINSTATEMENT

98-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/13/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SIKORON, FRED Lashley, James	311 PARK PLACE BLVD., SUITE 600	CLEARWATER FL 33759
VPD	MILLER I, FRANCINE	311 PARK PLACE BLVD., SUITE 600	CLEARWATER FL 33759
STD	SELLINGER, JOHN A	311 PARK PLACE BLVD., SUITE 600	CLEARWATER FL 33759

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ZSCHAU, JULIUS J JOHNSON, BLAKELY, POPE, BOKOR, ET AL 311 CHESTNUT STREET CLEARWATER FL 33759		Antonio Duarte, III 11959 N. Florida Ave. Tampa FL 33612	

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] Date: 3/31/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: [Signature] James Lashley 2-3-99 813-651-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #