

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 14 PM 4:20

DOCUMENT # N97000005872

1. Corporation Name

THE GANDY BRIDGE AND FRIENDSHIP TRAIL CORPORATI  
ON

Principal Place of Business

601 N. LOIS AVE.  
TAMPA FL 33609

Mailing Address

601 N. LOIS AVE.  
TAMPA FL 33609

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/1997

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRYAN, RALPH T	912 E. KNOLLWOOD ST.	TAMPA FL 33604
DT	<del>COHEN, LOIS</del> SEAN DONNELLY	3435 BAYSHORE BLVD. 601 N. LOIS AVE.	TAMPA FL 33609
D	CRUZ, MICHAEL J	3621 OBISPO ST.	TAMPA FL 33629
DP	MILLER, FRANK M	601 N LOIS AVE	TAMPA FL 33609
D	HANSBURY, WILLIAM	9715 HARRELL AVE. #22	TREASURE ISLAND FL 33706
D	KING, W. FRED	305 E. ROSS AVE.	TAMPA FL 33602

8. Name and Address of Current Registered Agent

MILLER, FRANK M  
601 N. LOIS AVE.  
TAMPA FL 33609

800003021048--0  
-10/21/99--01070--006  
\*\*\*\*245.00 \*\*\*\*245.00

9. Name and Address of New Registered Agent

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

Frank Miller

REGISTERED AGENT MUST SIGN

Date

10/12/99

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:

Frank Miller, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99 (813) 289-4400 x303  
Date Daytime Phone #