

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

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	4 City / State / Zip
PRES. D	BRYAN, RALPH T	912 E. KNOLLWOOD ST.	TAMPA FL 33604
TREAS. D	DONNELLY, SEAN	601 N LOIS AVE	TAMPA FL 33609
D V.P.	GAUZ, MICHAEL J DECEASED BEN RITTER	3621 OBISPO ST. 12708 SUMMIT ST.	TAMPA FL 33629 33612
EX. DIR. 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

9. Name and Address of New Registered Agent

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

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* SIGNATURE REQUIRED

Date 10-18-00

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:

*Frank Miller* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-00 (813) 289-4400 x303

FILED

00 OCT 23 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2E040 (8/00)