

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

758.75

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000062378

1. Corporation Name

CINTOM PROPERTIES, INC.

Principal Place of Business

Mailing Address

2808 MANATEE AVENUE W.
BRADENTON FL 34205

2808 MANATEE AVENUE W. PO BOX 7537
BRADENTON FL 34205 N. PORT, FL
34287

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

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	City / State / Zip
DVP	RITZMANN, THOMAS	1371 POINCIANA RD.	VENICE FL 34293
Pres	AYLSWORTH, Cindy	2308 Tropicana Blvd	North Port FL 34286

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REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

06/23/2000

5. FEI Number

65-1118054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OZARK, DAMIAN M ESQ.
2808 MANATEE AVE. WEST
OZARK & PERRON, P.A.
BRADENTON FL 34205

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Damian M. Ozark
REGISTERED AGENT MUST SIGN

DAMIAN M. OZARK

Date 10-15-2001

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:

Cindy Aylsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

941-423 8971

Date

Daytime Phone #

CR2040 (8/01)