

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

Michelle
850-245-6017
10/2

FILED

02 JAN 15 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084321

1. Corporation Name

FLEMING'S OF TAMPA, INC.

Principal Place of Business

10206 NEWINGTON PLACE
TAMPA FL 33626

Mailing Address

10206 NEWINGTON PLACE
TAMPA FL 33626

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

09/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

593668243

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT	JOHN A. DeNapoli	10206 NEWINGTON PL.	Tampa FL 33626
			000004851330-3
			-01/31/02--01076--019
			****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLAY, SCOTT D
C/O GANTHER & FEE, P.A.
101 E KENNEDY BLVD STE 1030
TAMPA FL 33602

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

SIGNATURE REQUIRED

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/01

Date

813-294-2767

Daytime Phone #

CR2040 (8/01)



2012

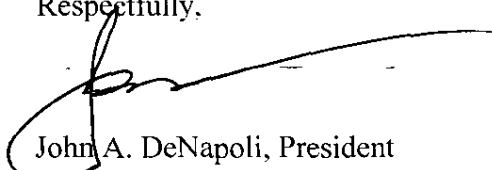
December 13, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

I am writing you pleading of reinstatement and waiver of fee. For some reason today is the first time I have received information regarding my corporation. My office is in my house and I travel allot and the mail obviously never was given to me by my teenagers who usually receive the family and business mail from the mailbox in front of my house. I know this sounds very irresponsible but under the circumstances I am requesting a waiver of the large fee, which honestly I will have a problem affording due to the poor sales this year in my company. This is the first year of of my corporation and I didn't know what to expect. I had spoken to a representative from your office today and she recommended that I send you a check for \$150.00. I would appreciate it greatly if you would consider my request and I promise I will pay closer attention to this matter in the future. I wish you and your family a healthy and happy holiday.

Respectfully,



John A. DeNapoli, President
Fleming's of Tampa Inc.