

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000100907**

1. Corporation Name

EXODUS PROPERTIES, INC.

Principal Place of Business

2100 FIRST AVENUE SOUTH
ST PETERSBURG FL 33712

Mailing Address

2100 FIRST AVENUE SOUTH
ST PETERSBURG FL 33712



REINSTATEMENT 02

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

10/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3680974

Applied For

City & State

City & State

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
D	KRONSPERGER, THOMAS G	2100 FIRST AVENUE SOUTH	ST PETERSBURG FL 33712
D	WORSHAM, DAVID	2100 FIRST AVENUE SOUTH	ST PETERSBURG FL 33712

000008543190
10/25/02--01085--004 **750.00

8. Name and Address of Current Registered Agent

KRONSPERGER, THOMAS G
2100 FIRST AVENUE SOUTH
ST PETERSBURG FL 33712

9. Name and Address of New Registered Agent

Name

JENNIFER LILLQUIST

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

2100 1ST AVE. SOUTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33712

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10.21.02

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, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10.21.02 Daytime Phone # 727-8830

CR20040 (8/02)