

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049982

1. Corporation Name

TAINO OF TAMPA, INC.

Principal Place of Business

2110 W SLIGH AVE  
TAMPA FL 33604

Mailing Address

2110 W SLIGH AVE  
TAMPA FL 33604

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

2. New Principal Office Address, If Applicable

3243 W COLUMBUS DR  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3243 W COLUMBUS DR  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/2001

5. FEI Number

59-3725159

Applied For

Not Applicable

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75-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	CAINAS, MARTHA	2110 W SLIGH AVE	TAMPA FL 33604
P, S	PADRON, MARIA M.	2110 W SLIGH AVE	TAMPA, FL 33604

300009983253  
01/09/03--01030--009 \*\*900.00

8. Name and Address of Current Registered Agent

CAINAS, MARTHA  
2110 W SLIGH AVE  
TAMPA FL 33604

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. or 617.0505, F.S.

Martha Caines

Signature of  
Registered Agent

REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/7/03

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.

Martha Caines

SIGNATURE

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

1/7/03

Daytime Phone #

CR2E040 (8/02)