

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 12 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000084215

1. Corporation Name

CINO OF TAMPA BAY INC

2. Principal Office Address

5236 24TH TERRACE NORTH

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

Zip
33710

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

030477649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES BARDASCINI

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

2165 GREENBRIAR BLVD 5236 24TH Terrace N

Suite, Apt. #, Etc.

ST Petersburg FL 33710

City

CLEARWATER

State

FL

Zip Code

33763

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James Bardascini
REGISTERED AGENT MUST SIGN

Date

1/20/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	JAMES BARDASCINI	5236 24TH Terr N	St Petersburg FL 33710
TR	PAMELA BARDASCINI	5236 24TH Terr N	St Petersburg FL 33710
V.P	MARV CREEK	6325 WISTERIE LN.	APOLLO BCH FL 33512

800093255169
03/16/07--01015--022 **600.00

10. 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 contained in Chapter 119, 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:

James Bardascini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/07

Daytime Phone #

3/13/07

2/2

Never received are annual report notices
in the mail. We moved new address is.

James Bardascini
5236 24th terrace north
Saint Petersburg, Florida
33710

Thank You

James Bardascini