

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003767

1. Corporation Name

LONDON EQUITIES CORP.

Principal Place of Business

3105 WEST WATERS AVE.
TAMPA FL 33614

Mailing Address

3105 WEST WATERS AVE.
TAMPA FL 33614

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1992

5. FEI Number

59-3147447

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	KOLP, ELI	14550 BRUCE B. DOWNS BLVD. APT.	TAMPA FL 33613
VPD	KOLPAKCHI, GERALD	3530 1ST AVENUE N., #116	ST. PETERSBURG FL 33713
SD	KOLPAKCHI, ZENaida	14550 BRUCE B. DOWNS BLVD. APT.	TAMPA FL 33613
TD	KOLPAKCHI, MORDEKHAi	14550 BRUCE B. DOWNS BLVD. APT.	TAMPA FL 33613
VD	BARRETTIE, RUTH	P.O. BO 350326 N/A	TAMPA FL 33695

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOLP, ELI
14550 BRUCE B. DOWNS BLVD.
APT. 229
TAMPA FL 33613

Name

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

800002706168--0

Suite, Apt. #, Etc.

-12/08/98-01050--009

City

****758 75

State

FL

Zip Code

****758 75

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/98

CR2E040 (8/98)