

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P92000005871-

1. Corporation Name

PRESTIGE PROPERTIES OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

13202 LAKE MAGDALENE BLVD.
TAMPA FL 33618

P O BOX 273450
TAMPA FL 33698-450
US

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

2. New Principal Office Address, If Applicable

13205 40th ST. N.

Suite, Apt. #, etc.

Clearwater, FL

City & State

Zip
33762

Country
USA

3. New Mailing Office Address, If Applicable

13205 40th ST. N.

Suite, Apt. #, etc.

Clearwater, FL

City & State

Zip
33762

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1992

SP

5. FEI Number

59-3159638

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 3	City / State / Zip 4
PT	NOWOTARSKI, MICHAEL K	4950 EDGE WATER LANE	OLDSMAR FL 34677
VPS	NOWOTARSKI, MAUREEN	4950 EDGE WATER LANE	OLDSMAR FL 34677
TD	NOWOTARSKI, MICHAEL K	13202 LAKE MAGDALENE BLVD.	TAMPA FL 33618
			900003449189--5 -11/02/00--01081--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOWOTARSKI, MICHAEL K
4950 EDGE WATER LANE
OLDSMAR FL 34677

Name

MICHAEL K. NOWOTARSKI

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

4950 Edgewater Lane

Suite, Apt. #, Etc.

City

OLDSMAR,

State

FL

Zip Code

34677

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

Michael K. Nowotarski

Date 10-17-2000

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:

Michael K. Nowotarski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2000 727 572-0594

Date

Daytime Phone #

CR2ED40 (8/00)