

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000052362**

1. Corporation Name

TIDY ISLAND-LONDON, INC.

Principal Place of Business

Mailing Address

~~275 50TH AVE. N.~~
~~STE 3~~
~~ST. PETERSBURG FL 33702~~
US

~~P.O. BOX 1000+~~
~~STE 3~~
~~ST. PETERSBURG FL 33702~~
US

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

Suite, Apt. #, etc.
7901 4th Street N, #320

Suite, Apt. #, etc.
696 1st Avenue N., Suite 201

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL 33701

Zip
33702

Zip
33701

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1993

5. FEI Number

59-3200191

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	PRUSE, JR F	7901 4TH ST N #320	ST. PETERSBURG FL
OF D/S/T	TOMLINSON, W. DEAN	7901 4TH ST N #320	ST PETERSBURG FL
D	CLAMPITT, RONALD E.	7901 4TH ST #320	ST. PETERSBURG FL 33702
D/P	Rusche, Thomas J.	1101 37th Avenue NE	St. Petersburg, FL
			700003031297--2 -11/01/99--01120--024 ***550.00 ***550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILKINSON, BARRY G
696 1ST AVE. N.
#201
ST. PETERSBURG FL 33701

Name

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

Suite, Apt. #, Etc.

City

700003031297--2
-11/01/99--01120--024
***208.75 ***208.75
FL

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

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

727-576-4949

Daytime Phone #

KE