

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Sandra L. Gandy  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P93000060983

1. Corporation Name

Louis Edwards Fine Jewelers of Tampa Bay, Inc

Principal Place of Business

Mailing Address

3406 East Lake Rd  
Palm Harbor, FL 34685 Same

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

97 FEB 12 AM 11:31

600002086966--9  
-02/10/96--70159--058  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

600002086966--9  
-02/13/97--01065--001  
\*\*\*\*\*515.00 \*\*\*\*\*515.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59 3201306	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	William A Reed	10 Bayou Ln	Ozona, FL 34660
T	Maureen J Reed	Same	Same

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Robert F DiMarco, C.F.A. 3440 East Lake Rd Suite 104 Palm Harbor, FL 34685		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		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 [Signature] Date  

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: William Reed 2/7/97 (813) 786-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)