

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072115

1. Corporation Name

TNTBK, INC.

Principal Place of Business

Pelican Walk

483 Mandalay, Ste. 20

Clearwater, FL 34630

Mailing Address

630 South Gulfview

Clearwater, FL 34640

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

2. New Principal Office Address, If Applicable
483 Mandalay Avenue

3. New Mailing Office Address, If Applicable
630 South Gulfview

4. Date Incorporated or Qualified To Do Business in Florida 10/18/93

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 760

5. FEI Number
59-3259856

Applied For
Not Applicable

City & State
Clearwater, FL

City & State
Clearwater, FL

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

Zip
33767

Country
USA

Zip
33767

Country
USA

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
D	Elias Anastasopoulos	630 South Gulfview	Clearwater, FL 34630

6000002627896-4
-08/28/98--01074--018
***1050.00 ***1050.00

8-27-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Taso Anastasopoulos
630 South Gulfview Boulevard
Suite 760
Clearwater, FL 33767

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
FL
Zip Code

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

Taso Anastasopoulos

REGISTERED AGENT MUST SIGN

Date 8/20/98

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:

Elias Anastasopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elias Anastasopoulos (727) 441-3767

Date
8/20/98

Daytime Phone #

CR2E040 (1/98)