

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**REINSTATEMENT**

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

APPROVED  
AND  
FILED

98 NOV 23 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063955**

1. Corporation Name

**TARPON MART, INC.**

Principal Place of Business

1001 TARPON AVE  
TARPON SPRINGS FL 33689

Mailing Address

1001 TARPON AVE  
TARPON SPRINGS FL 33689

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.  
**12399 OAKS LANE**  
City & State  
**SEMINOLE FL.**

Zip  
**33772** Country  
**PINELLAS**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/30/1994**

5. FEI Number

**59-3260943**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BITETZAKIS, JOHN	10325 JENNIFER COURT	LARGO FL 34648
D	BITETZAKIS, PAULINE	10325 JENNIFER COURT	LARGO FL 34648

4000002702274--4  
-12/03/98--01094--010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

BITETZAKIS, JOHN  
1001 TARPON AVE  
TARPON SPRINGS FL 33689

9. Name and Address of New Registered Agent

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11/16/98**

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

Yes ☒

PAID  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/16/98**  
Date

**727-397-0537**  
Daytime Phone #

CR2E040 (9/98)

WFL

11/16/98

To whom it may concern,

I John Botzakis do not reside at  
10325 Jennifer Point. My current address  
is 12399 OAK LANE SEMINOLE FL. 33772

My place of business was closed for complete  
renovation from 7/97 thru 3/98. I never  
received a complete renewal. Enclosed is  
a renewal application & fee. As per  
Sean's instructions per telephone  
conversation on 11/16/98 at 10:32 AM

Respectfully,

John Botzakis