

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000074657**

1. Corporation Name

THE BEAD GYPSIES, INC.

Principal Place of Business

501 BLDG 1ST AVE N
ST PETERSBURG FL 33701

Mailing Address

P O BOX 470
ST PETERSBURG FL 33731
US

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

2. New Principal Office Address, If Applicable

1 Beach Dr
Suite, Apt. #, etc.
2411

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

St. Petersburg Fla

City & State

Zip
33701

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/11/1994

5. FEI Number

59-3273830

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPST	GOLLAY, ELINOR	501 BLDG 1ST AVE N	ST PETERSBURG FL 33701
DV	BRASELL, LARRY R	501 BLDG 1ST AVE N	ST PETERSBURG FL 33701

8. Name and Address of Current Registered Agent

GOODWIN, JAMES W ESQ
111 E MADISON ST SUITE 2300
TAMPA FL 33602

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]

REGISTERED AGENT MUST SIGN

Date

1/16/97

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:

ELINOR GOLLAY
[Signature]

9-17-44 813-896-4114

Daytime Phone #

CR2E040 (7/96)