

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
97/48 APR
REINSTATEMENT

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

FILED

98 JUN 26 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA000078469**
1. Corporation Name **Asset Accumulation & Conservation INC.**

Principal Place of Business Mailing Address
**400 N. Ashley DR.
Suite 3025
TAMPA, Florida, 33602**

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		4. Date Incorporated or Qualified To Do Business in Florida 10/21/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0548470	
City & State		City & State		Applied For Not Applicable	
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)			
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
P	BORAWSKI, John R.		
	400 N. Ashley DR. St. 3025		
	TAMPA, FL. 33602		
D	Diane M. Borawski		
	Same as Above		

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Diane M. Borawski 400 N. Ashley DR. Suite 3025 TAMPA, FL. 33602		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 **Diane M. Borawski** Date **6/18/98**
REGISTERED AGENT MUST SIGN

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: **John R. Borawski** **John R. BORAWSKI** Date **6/8/98** (813) 221-3450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



2

MEMORANDUM

*Asset Accumulation
*Asset Protection
*Tax Reduction

DATE: JUNE 8, 1998
TO: M. SPRATHER
FROM: JOHN R. BORAWSKI
RE: REINSTATEMENT

I would like to thank you for sending out the reinstatement application after our telephone call on Wednesday, June 3, 1998.

Pursuant to that conversation I am sending the enclosed \$315 as requested. As you noted we paid the annual report fee in 1995 and 1996 and have been at this address since then. The 1997 request for payment as you indicated was sent to a former residence in Cape Coral, Florida.

Thank you for your help in regards to this matter.

Enclosure

John R. Borawski, C.L.U.
President

Nations Bank Tower
400 North Ashley Drive
Suite 3025
Tampa, FL 33602-4320

Phone: 813/221-3450
Fax: 813/273-9846