PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 19 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000079105**

1. Corporation Name

CAULFIELD INVESTMENT CORPORATION, INC.

REINSTATEMENT 96cw

Principal Place of Business	Mailing Address
~~526 CENTRAL AVENUE~~ ~~STE. 200~~ ~~ST PETERSBURG FL 33701~~	~~526 CENTRAL AVENUE~~ ~~STE. 200~~ ~~ST PETERSBURG FL 33701~~

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
235 2ND AVE N	235 2ND AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETE FL	City & State: ST PETE FL
Zip: 33701 Country	Zip: 33701 Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1994

5. FEI Number: 59-3283063 ☐ 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
~~PD~~	~~HERETICK, KENNETH W~~	~~526 CENTRAL AVE., STE. 200~~	~~ST. PETERSBURG FL 33701~~
~~VSTD~~	~~BURSIK, PETER D~~	~~526 CENTRAL AVE., STE. 200~~	~~ST. PETERSBURG FL 33701~~
~~VPD~~	~~MCCARTHY, TERRENCE J~~	~~3663 BAYSHORE BLVD., NE~~	~~ST. PETERSBURG FL 33703~~
PD	KEVIN SHELTON	235 2ND AVE N.	ST PETE FL 33701
VSTD	KEVIN SHELTON	235 2ND AVE N.	ST PETE FL 33701
VPD	KEVIN SHELTON	235 2ND AVE N.	ST PETE FL 33071

8. Name and Address of Current Registered Agent

~~BURSIK, PETER D~~
~~526 CENTRAL AVE.~~
~~STE. 200~~
~~ST. PETERSBURG FL 33701~~

9. Name and Address of New Registered Agent

Name: KEVIN SHELTON
Street Address (P.O. Box Number is Not Acceptable): 235 2ND AVE N
Suite, Apt. #, Etc.: 200002037202--3 -12/24/96--01111--021 ****375.00
City: ST PETE State: FL Zip Code: 33701

CR2E040 (7/96)

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: K Shelton SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 12/17/96.

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: K Shelton SIGNATURE REQUIRED — 12/17/96 — (813) 823-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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