

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 NOV 19 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021498

1. Corporation Name

BAILEY ENTERPRISES OF TAMPA, INC.

Principal Place of Business

2020 BRANDON BLVD. WEST
BRANDON FL 33511

Mailing Address

POST OFFICE BOX 10331
TAMPA FL 33607

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

03/15/1995

Suite, Apt. #, etc.

103 MARGARET ST

Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

Zip

33511

Country

USA

Zip

Country

5. FEI Number

59-3313607

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	BAILEY, MICHAEL E	POST OFFICE BOX 10331 103 MARGARET ST	TAMPA FL 33607 BRANDON, FL 33511

000002011930-1
-11/22/96--01011--015
****375.00 ****375.00

10/20-96

8. Name and Address of Current Registered Agent

BAILEY, MICHAEL E
2020 BRANDON BLVD. WEST
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

103 MARGARET ST

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

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

Michael Bailey SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/96

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:

Michael Bailey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10/24/96

Date

Daytime Phone #