

OCT-15-1999 15:52

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 20 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031200

1. Corporation Name
Ybor City Investments, Inc.

W9900002400

Principal Place of Business Mailing Address
506 Charles Place
Brandon, FL 33511

REINSTATEMENT 97-990

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

2. New Principal Office Address, If Applicable 8100 East Broadway		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 4/20/95	
Suite, Apt. #, etc. Unit D		Suite, Apt. #, etc.		5. FEI Number 59-3592086	
City & State Tampa, FL		City & State		Applied For Not Applicable	
Zip 33619	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SR 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/P/ T/S	Jonathan A. Yob	3513 Springville Drive	Valrico, FL 33594
			600003024516-5 10/25/99-01139-003 ***1050.00 ***1050.00
			600003024516-5 -10/25/99-01139-004 *****8.75 *****8.75

8. Name and Address of Current Registered Agent John D. Goldsmith, Esquire 101 E. Kennedy Boulevard Suite 2700 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 Zip Code FL	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of Section 607.0505, F.S.
Signature of Registered Agent: _____ Date: 8/19/99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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 118.07(3)(h), 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: _____ Date: 10/15/99 (813) 621-2319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE