

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 APR 20 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031785

1. Corporation Name

TAMPA BAY APPRAISAL SERVICE, INC.

Principal Place of Business

~~4001 EAST BUSCH BLVD., STE. C
TAMPA FL 33617~~

**4311 FOXGLEN LANE
TAMPA FL 33624**

Mailing Address

~~4001 EAST BUSCH BLVD., STE. C
TAMPA FL 33617~~

**4311 FOXGLEN LANE
TAMPA FL 33624**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

4311 FOXGLEN LANE

City & State
TAMPA FL

Zip

33624

Country

HILLSBOROUGH

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4311 FOXGLEN LANE

City & State
TAMPA FL

Zip

33624

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1995

5. FEI Number

59-3348772

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)

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	BRUBAKER, THOMAS P	4001 E. BUSCH BLVD. #C 4311 FOXGLEN LANE	TAMPA FL 33617 TAMPA FL 33624
			000002490698--8
			--04/23/98--01128--014
			****900.00 ****900.00
REINSTATEMENT 97-98 <i>A. Alan</i> 4/20/98			

8. Name and Address of Current Registered Agent

**BRUBAKER, THOMAS P
4311 FOXGLEN LANE
TAMPA FL 33624**

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 **4-13-98**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-98

Date

Daytime Phone #

CR2ED040 (8/97)