

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 24 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032240

1. Corporation Name

R.A.S. OF ST. PETE BEACH, INC.

Principal Place of Business

Mailing Address

877 EXECUTIVE CENTER DR. W.
SUITE 303
ST. PETERSBURG FL 33702

877 EXECUTIVE CENTER DR. W.
SUITE 303
ST. PETERSBURG FL 33702

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1995

5. FEI Number

59-3315653

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	4 City / State / Zip
DP	SYMONDS, RICHARD	3700 GULF BOULEVARD 2400 EAST VINA DEL MAR	ST. PETE BCH FL 33706 ST. PETE BEACH
DVP	SYMONDS, ANN	3700 GULF BOULEVARD 2400 EAST VINA DEL MAR	ST. PETE BCH FL 33706
DS	HILL, DEBRA	3700 GULF BOULEVARD 2400 EAST VINA DEL MAR	ST. PETE BCH FL 33706
DT	HILL, DENNIS	3700 GULF BOULEVARD	ST. PETE BCH FL 33706
			400003247434--4 -05/11/00--01009--003 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

MASCARA, ERNEST L
877 EXECUTIVE CENTER DR. W.
SUITE 303
ST. PETERSBURG FL 33702

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 04-19-00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD SYMONDS, President

Date

04-19-00

Daytime Phone #

(727) 367-6680

KE