

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

1 of 2

**CORPORATION  
REINSTATEMENT**



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

01 OCT 16 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000032240

**1. Corporation Name**

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

**2. Principal Office Address**

475 CENTRAL AVENUE

Suite, Apt. #, etc.

SUITE M-8

City & State

ST. PETERSBURG, FL

Zip

33701

Country

US

**3. Mailing Office Address**

475 CENTRAL AVENUE

Suite, Apt. #, etc.

SUITE M-8

City & State

ST. PETERSBURG, FL

Zip

33701

Country

US

2001 UBR

**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. Name and Address of Current Registered Agent**

Name

ERNEST L. MASCARA

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

475 CENTRAL AVENUE, SUITE M-8

Suite, Apt. #, Etc.

THE KRESS BUILDING, SUITE M-8

City

ST. PETERSBURG,

State

FL

Zip Code

33701

200004661272--5  
10/31/01--010594-008  
\*\*\*\*150.00 \*\*\*\*150.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/15/2001

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	RICHARD SYMONDS	2400 EAST VINA DEL MAR	ST. PETE BEACH, FL 33706
DVP	ANN SYMONDS	2400 EAST VINA DEL MAR	ST. PETE BEACH, FL 33706
DS	DEBRA HILL	2400 EAST VINA DEL MAR	ST. PETE BEACH, FL 33706

**10. 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

10/15/2001

Date

Daytime Phone #

CR2E081 (8/00)

252

ERNEST L. MASCARA, P.A.  
Law Offices

Kress Building  
Suite M-8  
475 Central Avenue  
St. Petersburg, FL 33701

P.O. Box 266  
St. Petersburg, FL 33731  
Tel: (727) 896-1200  
Fax: (727) 896-1202

October 15, 2001

UPS - Next Day Air

Katherine Harris  
Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: 2001 Uniform Business Report for  
R.A.S. of St. Pete Beach, Inc.

Dear Ms. Harris:

Please find enclosed a Reinstatement Form for the above-referenced corporation. The 2001 Uniform Business Report for this corporation was never received. As per my conversation with the Reinstatement Department, the reinstatement fee will be waived due to this problems. Therefore, please find my check in the amount of \$150.00 made payable to the Florida Department of State, which represents the filing fee for a for profit corporation.

Please make sure that this uniform business report is filed as soon as possible. Please call me if you have any questions.

Very truly yours,



Ernest L. Mascara

ELM/lmn

Enclosures as noted