

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 8:11

DOCUMENT # P95000033806

1. Corporation Name

TORRE OF ST. PETERSBURG, INC.

2. Principal Office Address

7141 Gulf Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

7141 Gulf Blvd.

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33706

Country

U.S.A.

City & State

St. Pete Beach, FL

Zip

33706

Country

U.S.A.

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 1, 1995

5. FEI Number

593313482

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

Resident Agent Corporation Of Pinellas County

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

980 Tyrone Blvd.

Suite, Apt. #, Etc.

City

St. Petersburg

State FL **Zip** 33710

Phone ***1058.75

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**

Anthony P. Pagan, President
REGISTERED AGENT MUST SIGN

Date September 22, 2000

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
P	Mario Giglio	1221 Carnac St.	Pt. Charlotte, FL
T	Antonio Florio	5604 King Fish Dr., Apt. B	Lutz, FL
S	Alfredo Quatraro	614 Hidden Harbour Dr.	Indian Rocks Beach, FL 333785

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:

Alfredo Quatraro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 22, 2000 (727) 367-9999

Date

Daytime Phone #