

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P95000047067

1. Corporation Name

CENTARI, INC.

Principal Place of Business

Mailing Address

5551 80 PLACE
PINELLAS PARK FL 34666
US

P.O. BOX 1816
PINELLAS PARK FL 34666
US

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



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3326283

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CAREW, MARLENE F	5551 80TH PLACE	PINELLAS PARK FL 33781
T	ZEOLI JR., SAM	8413 JACARANDA AVE	SEMINOLE FL

8000003468800 7

-11/17/00--01070--001

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDSTEIN, LARRY D
7601 38TH AVE N
ST. PETERSBURG FL 33710

Name

ZEOLI JR, SAM

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

8413 JACARANDA AVE

Suite, Apt. #, Etc.

SEMINOLE, FL

City

State

Zip Code

FL

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

Date 10-30-00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

Daytime Phone #

CR2ED40 (8/00)