

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 MAY -2 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000050114**

1. Corporation Name
7970 Corporation

2. Principal Office Address
4201 West Tampa Bay Blvd.

3. Mailing Office Address
1840 Rene Lavesque Est.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Montreal, Quebec

Zip
33614

Country
USA

Zip
H2K4P1

Country
Canada

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3321281

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
Allan C. Watkins, Esquire

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

Suite, Apt. #, Etc.
750

City
Tampa

State
FL

Zip Code
33602

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 **Allan C. Watkins** Date **4-26-00**

REGISTERED AGENT MUST SIGN

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
D,P	Kosta Katsoulis	1840 Rene Lavesque Est.	Montreal, Quebec
			H2K4P1, Canada

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

Date

Daytime Phone #

CR2E081 (9/99)