

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 30 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065571

1 Corporation Name

E & C ENTERPRISES OF TAMPA, INC.

Principal Place of Business

Mailing Address

1235 BERKSHIRE LANE  
TARPON SPRINGS FL 34689

1235 BERKSHIRE LANE  
TARPON SPRINGS FL 34689

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3331258

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MURRAY, EDWARD P	% 1235 BERKSHIRE LANE	TARPON SPRINGS FL 34689
STD	MURRAY, CAROL A	% 1235 BERKSHIRE LANE	TARPON SPRINGS FL 34689

900002049799--7  
-01/08/97--01014--018  
\*\*\*\*375.00 \*\*\*\*375.00

JB12-31-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

CAROL A. MURRAY

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

1235 BERKSHIRE LANE

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

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

CAROL A. MURRAY  
REGISTERED AGENT MUST SIGN

Date

12/27/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

CAROL A. MURRAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/96

Date

942-2994

Daytime Phone #