

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAR -5 AM 10:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95 000068355**

1. Corporation Name

SENTINEL CAPITAL CORPORATION

Principal Place of Business

Mailing Address

**28100 U.S. Hwy 19 N., Ste. 504
 Clearwater, Florida 33761** **SAME**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9/6/95	
City & State		City & State		5. FEI Number	
Zip		Country		59-3341255	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
AT/AS	Joseph J. Sorota, Jr.	28100 U.S. Hwy 19 N., Ste. 504	Clearwater, FL 33761
D/T/S	Agnes Lynch	5108 Brittany Dr. S., Apt. 101	St. Petersburg, FL 33715
D/P	C. R. Lynch	5108 Brittany Dr. S., Apt. 101	St. Petersburg, FL 33715

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A. Allen
 3/5/98

8. Name and Address of Current Registered Agent

Joseph J. Sorota, Jr.
 28100 U.S. Highway 19 North, Ste. 504
 Clearwater, FL 33761

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
800002452808-- 7	
Suite, Apt. #, Etc.	
-03/10/98--01089--003	
City	
State	Zip Code
FL	

10. 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: *Joseph J. Sorota, Jr.*
 REGISTERED AGENT MUST SIGN

Date: **March 3, 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: *Joseph J. Sorota, Jr.*

Joseph J. Sorota, Jr. **March 3, 1998** **813-796-1557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2040 (1/88)