

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

DASCO OF TAMPA, INC.

PA5000069343

REINSTATEMENT 01-03

2. Principal Office Address

2801 E. Hillsborough Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 0555

Suite, Apt. #, etc.

City & State

Tampa, FL 33610

City & State

Brandon, FL 33509-0555

Zip

33610

Country

USA

Zip

33509-0555

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/1/97

5. FEI Number

EA-3353149

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

NOELLE SCOLARO

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

401 SUNSET DRIVE

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5/8/03

**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	DON SCOLARO JR.	2601 BERRYHINE PLACE	VALRICO, FL 33594
VP	NOELLE SCOLARO	401 SUNSET DRIVE	BRANDON, FL 33511
S	NOELLE SCOLARO	401 SUNSET DRIVE	BRANDON, FL 33511
T	DON SCOLARO JR.	2601 BERRYHINE PLACE	VALRICO, FL 33594

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOELLE L. SCOLARO

5/8/03

Date

813-689-4396

Daytime Phone #

CR2E081 (10/02)

71 7/19