

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR 97-98
REINSTATEMENT**



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

APPROVED
AND
FILED

DOCUMENT # P95000085955

1. Corporation Name

FTN OF CLEARWATER, INC.

98 APR 27 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2300 Tall Pines Road
Suite 150
Largo, FL 33765

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable
SAME

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business In Florida

11/07/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3344006

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
P/D	JOHN D. MORGAN	2300 Tall Pines Road Suite 150	Largo, FL 33765
S/RA	CHARLES J. SMITH	1413 South Howard Avenue Suite 202	Tampa, FL 33606

100002512461--0
-05/06/98--01011--010
***900.00 ***900.00

8. Name and Address of Current Registered Agent

THOMAS BURKETT
2300 Tall Pines Road
Suite 150
Largo, FL 34641

9. Name and Address of New Registered Agent

Name
CHARLES J. SMITH
Street Address (P.O. Box Number is Not Acceptable)
1413 South Howard Avenue
Suite, Apt. #, Etc.
Suite 202
City
Tampa State **FL** Zip Code **33606**

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 **CHARLES J. SMITH**

REGISTERED AGENT MUST SIGN

Date **4-1-98**

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: **JOHN D. MORGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/98 (813) 524-8202

CR20040 (12/96)