

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

96 DEC 20 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090012

1 Corporation Name

NEWSSTAND PLUS, INC.

Principal Place of Business

Mailing Address

1408 DOUGLAS DR.
CLEARWATER FL 34616

1408 DOUGLAS DR.
CLEARWATER FL 34616



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

2. New Principal Office Address, If Applicable
519 S. BELCHER ROAD

3. New Mailing Office Address, If Applicable
519 S. BELCHER ROAD

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State
CLEARWATER, FLORIDA

City & State
CLEARWATER, FLORIDA

Zip
34624

Country
USA

Zip
34624

Country
USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	SCHMIDT, TERRY A	1408 DOUGLAS DR.	CLEARWATER FL 34616
D	SCHMIDT, ALETA	1408 DOUGLAS DR.	CLEARWATER FL 34616
P, S	HART, LUCILLE	2900 GROVEWOOD BLVD. APT C	PAUM HARBOR, FL 34683
			600002037866-1
			-12/24/96-01185-002
			****383.75 ****383.75
			REINSTATEMENT 1996
			U. Alan
			12/20/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHMIDT, TERRY A
1408 DOUGLAS DR.
CLEARWATER FL 34616

Name
LUCILLE HART
Street Address (P.O. Box Number is Not Acceptable)
2900 GROVEWOOD BLVD APT C
Suite, Apt. #, Etc.
APT C
City
PAUM HARBOR
State
FL
Zip Code
34683

CR2040 (7/96)

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

SIGNATURE REQUIRED

Date 12-2-96

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-96

Date

813-
562-4804

Daytime Phone #