

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

98 MAR 26 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

996000012288

1. Corporation Name

7500 Blind Pass Corporation

Principal Place of Business

Mailing Address

7500 Blind Pass Road
St. Pete Beach, FL 33706

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

02/08/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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
D/P/S	Mark Jasperson	450 75th Avenue	St. Pete Beach, FL 33706
REINSTATEMENT 97-98			
SL 3-26-98			
600002473396--0			
-03/31/98--01044--015			
*****900.00 *****900.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Smith, Patrick R.
324 N. Dale Mabry Highway, Suite 100
Tampa, FL 33609

Name

Mark R. Dolan, Esq.

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

112 East Street, Suite B

Suite, Apt. #, Etc.

City

Tampa,

State
FL

Zip Code
33602

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

Mark R. Dolan

Mark R. Dolan

REGISTERED AGENT MUST SIGN

Date 3/23/98

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:

Mark Jasperson

Mark Jasperson, President

3/23/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CIRC040 (12/95)