

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # P96000015636**

1. Corporation Name

**PLEASUREDOME YBOR CITY, INC.**

Principal Place of Business

1430 E SEVENTH AVE  
TAMPA FL 33605  
US

Mailing Address

1325 SNELL ISLE BLVD., STE. 205C  
ST. PETERSBURG FL 33704

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

98-99<sup>th</sup>

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1996

5. FEI Number

59-3414587

Applied For

Not Applicable

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	HAMILTON, MICHAEL	1430 E SEVENTH ST	TAMPA FL
VP	SWICTEK, VERONICA	1430 E SEVENTH ST	TAMPA FL
			800002956328--7 -08/10/99--01089--003 ****150.00 ****150.00
			800002956328--7 -08/10/99--01089--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AVIS, RICHARD T  
1325 SNELL ISLE BLVD., STE. 205C  
ST. PETERSBURG FL 33704

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*

Richard T. Avis

REGISTERED AGENT MUST SIGN

Date

7/20/99

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: *Michael Hamilton* *Michael Hamilton* Pres. Dec. 1, 1998 813-247-2711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #