

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 # P96000046102

1. Corporation Name

THE INTERNET OUTPOST CAFE, INC.

Principal Place of Business

413 HERMOSITA DRIVE  
ST. PETERSBURG FL 33706-2805

Mailing Address

413 HERMOSITA DRIVE  
ST. PETERSBURG FL 33706-2805

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

2. New Principal Office Address, If Applicable

7400 GULF BLVD  
Suite, Apt. #, etc.

City & State  
St Pete Bch FL

Zip 33706 Country Pinellas

3. New Mailing Office Address, If Applicable

7400 GULF BLVD  
Suite, Apt. #, etc.

City & State  
St Pete Bch FL

Zip 33706 Country Pinellas

4. Date Incorporated or Qualified To Do Business in Florida

05/30/1996

5. FEI Number

59-3388039

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	GUSTAFSON, JODI L	550 ELM CROSSING 6341 4th Palm Point	BALLWIN MO 63021 St Pete Bch FL 33706
VD	GUSTAFSON, KENT R	413 HERMOSITA DRIVE	ST. PETERSBURG FL 33706
STD	MYERS, TIMOTHY M	550 ELM CROSSING 6341 4th Palm Point	BALLWIN MO 63021 St Pete Bch FL 33706
			000002400710--G -01/14/98--0111G--008 ****750.00 ****750.00
			1-13-98

8. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C ESQ.  
4500 -140TH AVENUE NORTH  
SUITE 214  
CLEARWATER FL 34622

9. Name and Address of New Registered Agent

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

*Joseph C Skalski*

REGISTERED AGENT MUST SIGN

Date 11/14/97

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)(l), 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:

*Tim M Myers* Tim M MYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-97 813 360-7806

Date

Daytime Phone #

CFR2040 (8/97)