

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000054279**

1. Corporation Name

MO-AN OF TAMPA, INC.

Principal Place of Business

Mailing Address

**MEADOWBROOK MALL STE 27
CLEMMONS NC 27012**

**MEADOWBROOK MALL STE 27
CLEMMONS NC 27012**

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1996

5. FEI Number

56-1979792

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 3	City / State / Zip 4
D	ANGELL, DON G	MEADOWBROOK MALL STE 27	CLEMMONS NC 27012
D	MOSCA, DANIEL D	150 FAYETTEVILLE ST MALL	RALEIGH NC 27601

REINSTATEMENT

00-01
100004341951--3
06/05/01--01065--006
******908.75 ****908.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283**

Name

BUTT, JEFFREY D

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

401 EAST JACKSON STREET

Suite, Apt. #, Etc.

SUITE 2700

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

Jeffrey Drew Butt

REGISTERED AGENT MUST SIGN

Date **5/17/01**

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don G. Angell

Date

Daytime Phone #

5/14/01

336-746-5666