

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -2 PM 3:02

DOCUMENT # P96000071092

1. Corporation Name

THE FASULO EFFORT, INC.

Principal Place of Business

1805 W. MORRISON AVE  
TAMPA FL 33606

Mailing Address

1805 W. MORRISON AVE  
TAMPA FL 33606



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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/1996

5. FEI Number

59-3418115

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
DPST	FASULO, BRIAN S	1805 W MORRISON AVE	TAMPA FL 33606

600003469406--1  
-11/17/00--01102--002  
\*\*\*\*750.00 \*\*\*\*750.00

AB 11/16

8. Name and Address of Current Registered Agent

FRY, RAY D  
3118 GULF-TO-BAY BLVD., SUITE 333  
CLEARWATER FL 34619

320 Bayshore Blvd. N.  
#107  
Clearwater  
34619

9. Name and Address of New Registered Agent

Name

Same

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

320 Bayshore Blvd. N.

Suite, Apt. #, Etc.

# 107

City

Clearwater

State

FL

Zip Code

34619

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

REGISTERED AGENT MUST SIGN

Date

10/30/00

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

10/29/00 813-250-9704  
Date Daytime Phone #