

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 # P96000098409**

1. Corporation Name

**CENTURY HOUSE APARTMENTS CORPORATION**

Principal Place of Business

8916 NORTH 56TH STREET  
TAMPA FL 33617

Mailing Address

8916 NORTH 56TH STREET  
TAMPA FL 33617

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1996

5. FEI Number

☒ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
B	GRIFFITH, WILLIAM	8916 NORTH 56TH STREET	TAMPA FL 33617
PD	WILSON, WILLIAM	8916 No 56th St	TAMPA FL 33617

600002364486--1  
-12/05/97--01082--033  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

GRIFFITH, WILLIAM  
8916 NORTH 56TH STREET  
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name: WILLIAM WILSON  
 Street Address (P.O. Box Number is Not Acceptable): 3314 HENDERSON BLVD  
 Suite, Apt. #, Etc.: #100 / CAPITAL SERVICES  
 City: TAMPA State: FL Zip Code: 33609

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

William Wilson

REGISTERED AGENT MUST SIGN

Date

11/24/97

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)(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:

William Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/97 823-874 9907

1

FILED

97 DEC -1 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (9/97)

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**CENTURY HOUSE APARTMENTS CORPORATION  
PO BOX 419  
TAMPA, FL 33601-0419**

November 24, 1997

Division of Corporations  
Department of State  
PO Box 6327  
Tallahassee, FL 32314

RE:Reinstatement of Corporation

Dear Sirs:

Please excuse us from the late filing fee for our annual report. While there is no way to determine why we did not receive the original Annual Report form at this late date, we do certify that it was never received by us or by our Registered Agent.

Enclosed is our Application for Reinstatement and a check for \$165.00.

Very truly yours



William Wilson