

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000033090

1. Corporation Name

THE BUY, SELL OR HOLD COMPANY

Principal Place of Business

Mailing Address

14031 N FLORIDA AVE
TAMPA FL 33613
US

14031 N FLORIDA AVE
TAMPA FL 33613
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1997

Suite, Apt. #, etc.

302 Knights Run Ave, #1250

Suite, Apt. #, etc.

302 Knights Run Ave, #1250

City & State

Tampa FL

City & State

Tampa FL

Zip

33602

Country

USA

Zip

33602

Country

USA

5. FEI Number

59-3426084

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	EVANS, CHARLES J JR	502 S FREMONT AVE STE 106 1692 Dresden Dr.	TAMPA FL 33606 Atlanta, GA 30319
D	VOSKO, STEPHEN K	502 S FREMONT AVE STE 106 583 Magnolia Circle	TAMPA FL 33606 Houston, TX 77024
C	TOTTY, S. Matthew	756 Coral Reef	Tampa, FL 33602

8. Name and Address of Current Registered Agent

TOTTY, S. MATTHEW

502 S FREMONT AVE #106

TAMPA FL 33606

new address →

9. Name and Address of New Registered Agent

Name

Totty, S. Matthew

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

756 Coral Reef Dr

Suite, Apt. #, Etc.

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/17/00

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

10/17/00
Date

(913) 262-2600
Daytime Phone #

FILED

00 OCT 30 AM 8:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2E040 (8/00)

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