

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAR -3 PM 12:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000033090

1. Corporation Name

THE BUY, SELL OR HOLD COMPANY

Principal Place of Business

Mailing Address

301 W PLATT AVE
#305
TAMPA FL 33606
US

301 W PLATT AVE
#305
TAMPA FL 33606
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1997

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
C	TOTTY, S. MATTHEW	606 TROPICAL BREEZE WAY	TAMPA FL 33602
D	LANZETTA, DREW	1137 SHORESIDE WAY	MOUNT PLEASANT SC 29464
D	VOSKO, STEPHEN K	583 MAGNOLIA CIRCLE	HOUSTON TX 77024

03/03/04--01026--001 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOTTY, S. MATTHEW
606 TROPICAL BREEZE WAY
TAMPA FL 33602

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/25/04

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

Stephen M. Totty

Date

2/25/04

Daytime Phone #

813 229 3369

CR2E040 (7/03)