

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 27 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041483

1. Corporation Name

POST MANAGEMENT CORP.

Principal Place of Business

6821 W HILLSBOROUGH AVE. SUITE 11
TAMPA FL 33615

Mailing Address

6821 W HILLSBOROUGH AVE. SUITE 11
TAMPA FL 33615



REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable

3910 South Dale Mabry Hwy

Suite, Apt. #, etc.

SUITE B

City & State

Tampa, FLORIDA

Zip

33611

Country

USA

3. New Mailing Office Address, If Applicable

3904 DORAL DRIVE

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1997

SP

5. FEI Number

59-3447537

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	City / State / Zip
1	2	3	4
D	POST, GREGORY D	7102 TAXSAIL CIRCLE	TAMPA FL 33607

3000003195939--9
-04/04/00--01100--003
*****908.75 *****908.75

8. Name and Address of Current Registered Agent

POST, GREGORY D

6821 W HILLSBOROUGH AVE, SUITE 11

TAMPA FL 33615

9. Name and Address of New Registered Agent

Name

POST, GREGORY D

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

3904 DORAL DRIVE

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33634

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

Date

3/2/00

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/00 813-831-0282

CR2E040 (8/99)