

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000058018**

1. Corporation Name

**LARRY BURKE, INC.**

Principal Place of Business

6221 5TH AVENUE NORTH  
ST. PETERSBURG FL 33710

Mailing Address

6221 5TH AVENUE NORTH  
ST. PETERSBURG FL 33710

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

06/30/1997

5. FEI Number

59-3460980

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



800023770698  
10/14/03--01003--021 \*\*150.00

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	BURKE, LARRY A	6221 5TH AVENUE NORTH	ST. PETERSBURG FL 33710
D	BURKE, J S	6221 5TH AVENUE NORTH	ST. PETERSBURG FL 33710
D	BURKE, ZANE	6221 5TH AVENUE NORTH	ST. PETERSBURG FL 33710

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8. Name and Address of Current Registered Agent

BURKE, LARRY A  
6221-5TH AVENUE NORTH  
ST. PETERSBURG FL 33710

9. Name and Address of New Registered Agent

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

*Larry A. Burke*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

*Larry A. Burke*

LARRY A. BURKE

Date

10-9-03

Daytime Phone #

727-343-7849

CR2E040 (7/03)

Larry A. Burke  
6221-5th Ave. N.  
St. Petersburg, Fl. 33710

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As of 10-8-03 we have not received either of the two uniform  
business report notices.

Larry A. Burke President

*Larry A. Burke*

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