

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

03 NOV -7 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000086463**

1. Corporation Name

NORTH DALE DEVELOPMENT, INC.

Principal Place of Business

5812 N. 22ND ST.
TAMPA FL 33610

Mailing Address

5812 N. 22ND ST.
TAMPA FL 33610

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

10/06/1997

5. FEI Number

59-3473328

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DIBBS, STEPHEN J	5812 N. 22ND ST.	TAMPA FL 33610

8. Name and Address of Current Registered Agent

WATERS, CODY W
501 E. KENNEDY BLVD., STE. 1700
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Stephen J. Dibbs

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

5277 Ehrlich Rd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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

[Signature of Stephen J. Dibbs]
REGISTERED AGENT MUST SIGN

Date

11-3-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-03
Date

813-908-9754
Daytime Phone #

CR2E040 (7/03)