

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT B99

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000108677

1 Corporation Name
Lantern Bay Development Corporation

Principal Place of Business
1111 N. Westshore Blvd.
Suite 207
Tampa, FL 33607

Mailing Address
same as principal

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

2 New Principal Office Address, If Applicable
400 Frandorson Circle
Suite, Apt. #, etc.
#204
City & State
Apollo Beach, Florida
Zip
33572
Country
Hillsborough

3 New Mailing Office Address, If Applicable
same as principal
Suite, Apt. #, etc.
City & State
Zip
Country

4 Date Incorporated or Qualified To Do Business in Florida
December 30, 1997

5 FEI Number
see attached application
☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	John W. Holdsworth	930 Allegro Lane	Apollo Beach, FL 33572

300002977713--0
-09/02/99-01101--021
****908.75 ****908.75

8 Name and Address of Current Registered Agent

John W. Holdsworth
1111 N. Westshore Blvd. # 207
Tampa, Florida 33607

9 Name and Address of New Registered Agent

Name
John W. Holdsworth
Street Address (P.O. Box Number is Not Acceptable)
400 Frandorson Circle
Suite, Apt. #, Etc.
#204
City
Apollo Beach
State
FL
Zip Code
33572

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 John W. Holdsworth Date 8/20/99
REGISTERED AGENT MUST SIGN

11 This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible Tax.)

12 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: John W. Holdsworth Date 8/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John W. Holdsworth
Daytime Phone #
813-649-1133

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Lantern Bay Development Corporation		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 400 Franderson Circle # 204		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code Apollo Beach, Florida 33572		5b City, state, and ZIP code
	6 County and state where principal business is located Hillsborough, Florida		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 253-04-7586 John W. Holdsworth		
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Trust <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other corporation (specify) Real Estate Devl <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization		
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State _____ Foreign country _____			
9 Reason for applying (Check only one box.) <input type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input checked="" type="checkbox"/> Banking purpose (specify) ▶ checking/loan <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____			
10 Date business started or acquired (Mo., day, year) (See instructions.) 12-30-97		11 Enter closing month of accounting year. (See instructions.) December	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) _____ ▶ n/a			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." Principal activity (See instructions.) ▶ Development of Apartments		Nonagricultural 0	
		Agricultural 0	
		Household 0	
14 Principal activity (See instructions.) ▶ Development of Apartments			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ Mariners Cove Development Corp. Trade name ▶ _____			
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) MAY 1998 City and state where filed Tampa, FL Previous EIN 65 0811895			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Business telephone number (include area code) 813-649-1133			
Name and title (Please type or print clearly.) ▶ John W. Holdsworth, President			
Signature ▶ <i>John W. Holdsworth</i> Date ▶ 8/20/99			
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo.	Ind.	
		Class	
		Size	
		Reason for applying	