

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT # **99-00AR**
1. Corporation Name **PRSDU05773**

TSEE OF TAMPA BAY, INC.

FILED
00 AUG 14 PM 2:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Office Address 8220 YARDLEY AVE N Suite, Apt. #, etc.		3. Mailing Office Address 8220 YARDLEY AVE N Suite, Apt. #, etc.	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL	
Zip 33710	Country	Zip 33710	Country
4. Date Incorporated or Qualified To Do Business in Florida 10/98			
5. FEI Number 59-3487644		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
RICHARD FRANKLIN

Street Address (P.O. Box Number is Not Acceptable)
8220 YARDLEY AVE N

Suite, Apt. #, Etc.

City
ST. PETERSBURG

State
FL

Zip Code
33710

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Richard Franklin, Pres.* **Date** 8-10-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RICHARD FRANKLIN	8220 YARDLEY AVE N	ST. PETERSBURG FL 33710
D	PHILLIP HADDAD	8220 YARDLEY AVE N	ST. PETERSBURG FL 33710

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10. 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: *Richard Franklin, Pres.* **Date** 8/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

Markovitch And Associates

PROFESSIONAL
ACCOUNTING &
TAX SERVICES

750 94th Ave. N.
Suite 210
St. Petersburg,
Florida 33702

Telephone
(727) 577-9109
Fax
(727) 579-3404

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August 3, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

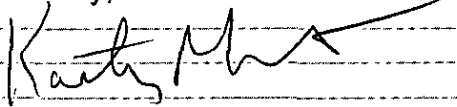
RE: TSEE of Tampa Bay, Inc.
Document Number P98000005773

Enclosed please find a completed Application for Reinstatement for TSEE of Tampa Bay, Inc. (FEI # 59-3487644). We are enclosing a check for \$300.00 to be applied to the taxpayer's 1999 and 2000 filing fees, respectively.

The original 1999 Corporation Annual Report was never received by the taxpayer. In addition, the taxpayer did not receive any notification that the corporation was going to be dissolved (Final Chance to Reinstate, Notice of Dissolution, or current Annual Report), and therefore had no opportunity to rectify the situation. Please accept the report as filed, with the applicable filing fees.

If you have any questions, please do not hesitate to contact this office.

Sincerely,



Kathy Markovitch, EA

KM/ck

Enc.: Application for Reinstatement
2000 Uniform Business Report
Check