

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015946

1. Corporation Name

TLC OF CENTRAL ST. PETERSBURG, INC.

Principal Place of Business

531 - 46TH STREET NORTH
ST. PETERSBURG FL 33713

Mailing Address

531 - 46TH STREET NORTH
ST. PETERSBURG FL 33713

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

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1998

5. FEI Number

59-349-7132

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
P/T	Thomas A. Williams	531 46th St. N.	St. Petersburg, FL 33713
V/S	Lindy M. Williams	531 46th St. N.	St. Petersburg, FL 33713

800003082528--7
-12/29/99--01011--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROWE, JAMES C
100 2ND AVENUE SOUTH
SUITE 400N
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

JAMES C. ROWE

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

100 - 2nd Avenue South

Suite, Apt. #, Etc.

Suite 1201 - South Tower

City

St. Petersburg,

State

FL

Zip Code

33701

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

REGISTERED AGENT MUST SIGN

Date

12/16/99

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

12/13/99

627-321-6614

Daytime Phone #

KE