

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 JUN -8 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9800022624**

1. Corporation Name

2075 SOUTH TAMiami TRAIL, INC.

2. Principal Office Address

2075 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

Zip

Country

3. Mailing Office Address

4111 LOCKWOOD RIDGE ROAD NORTH

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34231

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/9/98

5. FEI Number

65-0896935

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

JOSEPH DEGREGORIO

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

4111 LOCKWOOD RIDGE ROAD, NORTH

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34234

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

REGISTERED AGENT MUST SIGN

Date

6/5/2000

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
PD	JOSEPH DEGREGORIO	4111 LOCKWOOD RIDGE ROAD, NORTH	SARASOTA, FL 34234
VPD	STEVEN TUCCI	3920 BEERIDGE ROAD	SARASOTA, FL 34232
SD	JOHN MOOR	943 BENEVA ROAD	SARASOTA, FL 34232

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/2000

Date

9413576000
Daytime Phone #

CR2E081 (9/99)

**2075 SOUTH TAMiami TRAIL, INC.
4111 North Lockwood Ridge Road
Sarasota, Florida 34234
(941) 351-4000 Ext. 4430**

June 5, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attention: Ms. Michelle Milligan

Application for Reinstatement

Dear Ms. Milligan:

I understand that the above-named corporation was administratively dissolved by the State of Florida on September 24, 1999.

As per our telephone conversation on this date, enclosed herewith please find a duly executed application for reinstatement.

Additionally, as per our conversation, please allow this letter to serve as a formal request for a refund in the sum of \$250.00 (following this company's payment to the Division of Corporations in the sum of \$558.75 on September 23, 1999), as we did not receive your rejection letter that you stated in our telephone conversation was sent to us late last year. We respectfully request that you apply \$300.00 of our payment towards your fees for our 1999 and 2000 annual reports, and that the remaining \$8.75 be applied towards your fee for a Certificate of Status. Kindly forward said Certificate of Status at your earliest convenience.

Please do not hesitate to telephone the undersigned if you have any questions, or if you wish to further discuss any aspect of this matter.

Thank you for your courtesy and cooperation herein.

Sincerely,


Joseph DeGregorio
President

- 99 1st notice + 2nd notice AR's Returned #