

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

00 APR 10 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #** P98000029725

3401 NORTH 50TH STREET, INC.
3401 North 50th Street
Tampa, FL 33619-2326

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

1547 South Dale Mabry
Address

Address

City and State
Tampa, FL 33

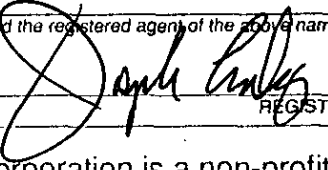
Zip Code
33629

3. Date Incorporated or Qualified To Do Business in Florida 03/31/98	4. FEI Number 59-3518146	FEI Number Applied For	5. \$8.75 Additional Fee required for a Certificate of Status
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

6. Names and Street Addresses of Each Officer and/or Director			
Title	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 and State
D	Dugarte, Maria	1547 S. Dale Mabry	Tampa, FL 33629

REINSTATEMENT 09-00
500003213545--6
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****900.00 ****900.00

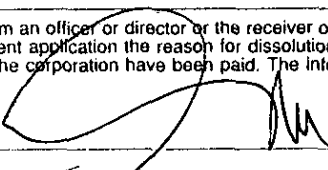
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent and/or Office	
Joseph L. Diaz 2522 W. Kennedy Boulevard Tampa, FL 33609		Name Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number) City and State FL. Zip	

9. 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  Date **4-5-00**
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.) **KE**

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director  Date **4-4-00** Daytime Phone # **(813) 251-5235**
Typed or printed name of signing officer or director

CFR2E040 (8/92)