PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -4 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043865

1. Corporation Name

LIVE ART OF PINELLAS, INC.

Principal Place of Business	Mailing Address
5109 16 AVE SO GULFPORT FL 33707	5109 16 AVE SO GULFPORT FL 33707

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

5/4/99 90009 050 $150.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/14/1998

5. FEI Number: 59-3511211 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	RON GIASCAGLIA	5109 16 AVE S. GULFPORT, FL 33707	GULFPORT, FL 33707
V.PRES	THOMAS J. CARRIGAN	11282 W. HILLSBOROUGH AVE	TAMPA, FL 33635

8. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP INC
8668 PARK BLVD STE A
SEMINOLE FL 33777

9. Name and Address of New Registered Agent

Name: THOMAS J. CARRIGAN
Street Address (P.O. Box Number is Not Acceptable): 11282 W. HILLSBOROUGH AVE
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33635

CR2E040 (8/99)

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: Thomas J. Carrigan — REGISTERED AGENT MUST SIGN — Date: 11/1/99

11. 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.

KE

SIGNATURE: — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/1/99 — Daytime Phone #

007B084 AF

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November 1, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

GENTLEMEN:

The documents and check for the annual corporation fee for P98000043865 were filed in April of 1999. The check was cashed and no other correspondence was received until the attached application for reinstatement was received. The documents were filed in a timely manner and the check cleared on May 7th, 1999. I request acceptance of the attached application for reinstatement and waiver of any related fee. Thank you.

Sincerely,

Thomas J. Carrigan