

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine B. Kerler
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 21 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000055047**

1. Corporation Name

CCM OF PINELLAS, INC.

Principal Place of Business

2331 BELLEAIR ROAD SUITE D
CLEARWATER FL 33764

Mailing Address

2331 BELLEAIR ROAD SUITE D
CLEARWATER FL 33764

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.
2083 Loma Linda Way N.
City & State
CLEARWATER FL
Zip
33763 Country
USA Pinellas

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2083 Loma Linda Way N.
City & State
CLEARWATER FL
Zip
33763 Country
USA Pinellas

4. Date Incorporated or Qualified To Do Business in Florida

06/19/1998

5. FEI Number

59-3522314

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status.

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
D	RANDAZZO, FRANK M.	2331 BELLEAIR ROAD SUITE D	CLEARWATER FL 33764
D/P	RANDAZZO, FRANK M.	2083 Loma Linda Way N.	CLEARWATER, FL 33763

300003032153-0
-11/02/99--01044--020
*****150.00 ***150.00**

8. Name and Address of Current Registered Agent

RANDAZZO, FRANK M
2331 BELLEAIR ROAD SUITE D
CLEARWATER FL 33764

9. Name and Address of New Registered Agent

Name
FRANK M. RANDAZZO
Street Address (P.O. Box Number is Not Acceptable)
2083 Loma Linda Way N.
Suite, Apt. #, Etc.

City
CLEARWATER

State
FL

Zip Code
33763-4111

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

FRANK M. RANDAZZO

REGISTERED AGENT MUST SIGN

Date **10/19/99**

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.

SIGNATURE:

FRANK M. RANDAZZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/99
Date

Daytime Phone #

KE
(727) 538-2121

CR2E140 (8/99)

CCM of Pinellas, Inc.
2083 Loma Linda Way North
Clearwater, FL 33763-4111
(727) 538-2121 * (727) 531-1125

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October 19, 1999

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

Re: CCM of Pinellas, Inc. Document # P98000055047

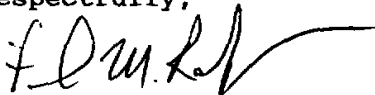
To whom it may concern:

During this past year, the above-referenced corporation relocated its office. Apparently, the US Post Office did not forward the Renewal Application. We did however, receive the Notice of Dissolution.

As instructed, I have completed the application and am forwarding a check in the amount of \$150.00 for re-filing.

Thank you for your cooperation in this matter.

Respectfully,



Frank M. Randazzo