

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 OCT 20 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000058732**

1. Corporation Name

OLD BULL, INC.

Principal Place of Business

Mailing Address

4202 W. Cayuga Street

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

2. New Principal Office Address, If Applicable
4202 W. Cayuga Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
5718 E. Adamo Drive

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip
33614

Country
USA

City & State
Tampa, Florida

Zip
33619-3242

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3532203

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	Jack Galardi	5718 E. Adamo Drive	Tampa, Florida 33619

700003043027--9
-11/12/99-01098-004
***750.00 ***750.00

8. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name

Scott Boardman, Esquire
Street Address (P.O. Box Number is Not Acceptable)

1710 East 7th Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

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

REGISTERED AGENT MUST SIGN

Date 10/13/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

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., 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

10/15/99

Date

404-607-8050

Daytime Phone #