

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 3:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000058737**

1. Corporation Name  
**DIRTY BULL, INC.**

Principal Place of Business Mailing Address  
**900 N. DALE MABRY HWY**

**REINSTATEMENT 1999**

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

2. New Principal Office Address, If Applicable <b>900 N. Dale Mabry Hwy.</b>		3. New Mailing Office Address, If Applicable <b>5718 E. Adamo Drive</b>		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3542036</b>	
City & State <b>Tampa, Florida</b>		City & State <b>Tampa, Florida</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33609</b>	Country <b>USA</b>	Zip <b>33619-3242</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
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
P	<b>Jack Galardi</b>	<b>5718 E. Adamo Drive</b>	<b>Tampa, Florida 33619</b>

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 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324		Name <b>Scott Boardman, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>1710 East 7th Avenue</b> Suite, Apt. #, Etc.	
		City <b>Tampa</b>	State   Zip Code <b>FL   33605</b>

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: *Scott Boardman* 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: *Jack Galardi* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **10/15/99** Daytime Phone #: **404-607-8050**

CP2E061 (12/98)