

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY 14 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106777

1. Corporation Name

FANITSA, INC.

Principal Place of Business

100 BEACH DR NE  
SUITE #101 & 102  
SAINT PETERSBURG FL 33701

Mailing Address

956 39TH AVE N.  
SAINT PETERSBURG FL 33703

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

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

12/24/1998

5. FEI Number

59-3548723

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
PT	MEENAN, FRANK FANITSA	956 39TH AVE NO	ST PETE FL 33703
VP	MEEHAN, GEORGE	956 39TH AVE NO	ST PETE FL 33703

8. Name and Address of Current Registered Agent

GOODIS, JEFFREY M  
333 THIRD AVENUE NORTH  
4TH FLOOR  
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

Fanitsa Meehan

Street Address (P.O. Box Number is Not Acceptable)

956 39th Ave N.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33703

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Fanitsa Meehan*  
REGISTERED AGENT MUST SIGN

Date

4/23/03

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:

*Fanitsa Meehan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/03

Daytime Phone #