

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 15 PM 5:00

DOCUMENT # P99000057143

1. Corporation Name

TOMMASI CRAFT AND SHELL, INC.

Principal Place of Business

1512 E. NORTH ST.  
TAMPA FL 33610

Mailing Address

1512 E. NORTH ST.  
TAMPA FL 33610

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1999

5. FEI Number

59-3585256

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	City / State / Zip
D	TAMMASI, DEOLINDA E Tommasi	1512 E. NORTH ST.	TAMPA FL 33610

700004713887--3

-12/07/01--01027--003

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

SANDERS, WALTER

13910 N. DALE MABRY HWY., STE. ONE  
TAMPA FL 33681

9. Name and Address of New Registered Agent

Name

Sanders, Walter

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

3355 Bearss Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

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

Walter Sanders

Date 11/10/01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deolinda E. Tommasi, Pres

Date 10/23/01

813 AD  
238-6366  
Daytime Phone #

MS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

November 12, 2001

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

To Whom It May Concern:

Enclosed is a check for \$150.00 and an application for reinstatement of the corporation, Tommasi Craft and Shell, Inc. Tommasi Craft and Shell, Inc. never received the original Uniform Business Report for the year 2001. Therefore, we are requesting that you reinstate Tommasi Craft and Shell, Inc. to full active status and waive all penalties since the original Uniform Business Report was never received thus making it impossible to submit it in a timely fashion.

Very truly yours,

*Walter Sanders*

Walter Sanders