

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000070097

1. Corporation Name

THERESA SANTO INCORPORATED

Principal Place of Business

6601 13TH ST. NORTH
ST. PETERSBURG FL 33702

Mailing Address

6601 13TH ST. NORTH
ST. PETERSBURG FL 33702

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

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

5. FEI Number

59-3598077

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---------------------------|
| PT | SANTO-BALCOM, THERESA | 6601 13TH STREET NORTH | SAINT PETERSBURG FL 33702 |
| VP | BALCOM, SCOTT A | 6601 13TH STREET NORTH | SAINT PETERSBURG FL 33702 |
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11/24/03--01093--013 **150.00

8. Name and Address of Current Registered Agent

SANTO BALCOM, THERESA J
6601 13TH ST. NORTH
ST. PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11/21/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Theresa Santo Inc.
6601 13th Street N
St Petersburg, FL 33702


11/21/03

RE: Reinstatement of Corp # P99000070097

I have finally received this form today from my neighbors who live in Michigan from April to Nov. Their mail is kept at the post office in a vault box and forwarded to them every two months. By the time the received this they felt they would just bring it with them when they return.

I apologies for the inconvenient and will defiantly call if I don't see paperwork by Mar of '04.

Thank you


Theresa Santo Balcom Pres.