

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 21 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P990000082963

**1. Corporation Name**

MIDNIGHT OF TAMPA CROSSING, INC

**2. Principal Office Address**

1900 N. ROME AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33670

Country

USA

**3. Mailing Office Address**

1900 N. ROME AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33670

Country

USA

**REINSTATEMENT 03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/14/1999

**5. FEL Number**

59-3600294

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CHARBEL SALIBA

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

3171 SHORELINE DR

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33760

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Charbel Saliba*

Date

11/18/03

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	CHARBEL SALIBA	3171 SHORELINE DR	CLEARWATER, FL 33760

**10. 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:

*Charbel Saliba*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03

Date

727-504-2200

Daytime Phone #

CR2E081 (10/02)

2052

Midnight of Tampa Crossing, Inc.  
1900 N. Rome Avenue  
Tampa, Florida 33670

November 18, 2003

Department of State  
Division of Corporation  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Reinstatement of Midnight of Tampa Crossing, Inc. to Active Status

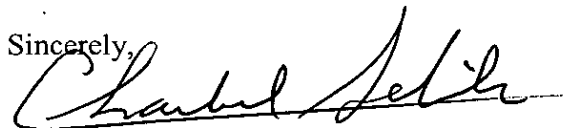
Dear Sir/Madam:

I am writing to request that you reinstate the status of the above subject. I have previously sent in a check for \$150.00 (check #3588) and the corporation reinstatement form completely filled. However, When I talked to Mr. Thomas, he mentioned that two signatures were missing on the reinstatement form.

I am resubmitting this form again with all signatures and requested information. Please waive any late fees, because I did not receive a notice my mail for 2003.

Please activate my corporation as soon as practical. I appreciate your cooperation and assistance in this matter. Should you have any questions, please call me at (727) 504-2200.

Sincerely,



Charbel Saliba