

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S12203

1. Corporation Name

YBOR CITY MASQUERADE, INC.

Principal Place of Business

1503 E. 7TH AVE.
TAMPA FL 33605

Mailing Address

1503 E. 7TH AVE.
TAMPA FL 33605

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0231481

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	RIOPELLE, DEAN	1503 E. 7TH AVE	TAMPA FL
S	OCHS, ROBERT JR.	1503 E. 7TH AVE.	TAMPA FL 33605

4000008979304

11/14/02--01010--015 **150.00

8. Name and Address of Current Registered Agent

MCNAMARA, BRIAN
1503 E. 7TH AVE.
TAMPA FL 33605

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

Brian McNamara

REGISTERED AGENT MUST SIGN

Date 11-1-02

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:

Brian McNamara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-02 813-247-2518

CR2E040 (8/02)

2012

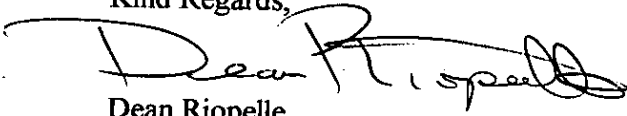
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Ybor City Masquerade, Inc. / Doc. #S12203

To Whom It May Concern,

Please be aware that we did not receive any prior UBR notices. The dissolution notice is the first type of notice we received. Enclosed you'll find the completed application and the \$150.00 fee. Any help in reinstating our corporation and returning us to active status would be greatly appreciated.

Kind Regards,


Dean Riopelle
President
404-248-1612