

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S36653

1. Corporation Name

MASSARI & BELL, P.A.

Mailing Address

Principal Place of Business

ONE URBAN CTR, STE 875
4830 W KENNEDY BLVD.
TAMPA, FL 33609

Same

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

2. New Mailing Address, If Applicable

601 South Fremont Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

US

3. New Principal Office Address, If Applicable

601 South Fremont Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

March 6, 1991

5. FFL Number

59-3059675

6.

CERTIFICATE OF STATUS DESIRED []

\$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D P S/T	DOMENIC L. MASSARI, III	601 South Fremont Avenue	Tampa, FL 33606

400002618284--6
-08/18/98--01007--023
***1050.00 ***1050.00

REINSTATEMENT *de 98 8/11/98*

8. Name and Address of Current Registered Agent

REBECCA BELL
5010 Longfellow Avenue
Tampa, FL 33609

9. Name and Address of New Registered Agent

Name

DOMENIC L. MASSARI, III

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

601 South Fremont Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

REGISTERED AGENT MUST SIGN

Date 8/7/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Domenic L. Massari, III

8/7/98

813-253-3400