

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S76682

1. Corporation Name

Surtico-Florida, Incorporated

Principal Place of Business

712 So. Oregon Avenue
Tampa, Florida 33606

Mailing Address

Same

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

2. New Principal Office Address, if Applicable

712 So. Oregon Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Same

Suite, Apt. #, etc.

City & State

Tampa, FL 33606

City & State

Zip

33606

Country

Hillsborough

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 28, 1991

5. FEI Number

59-3091492

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)

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	Nils O. Arvidsson	712 So. Oregon Avenue	Tampa, FL 33606

188003070211--1
-12/14/99--01104--014
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

Andrew M. O'Malley
100 S. Ashley Drive
Suite 1190
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name

Andrew M. O'Malley

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

712 So. Oregon 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 Dec. 6, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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
Nils O. Arvidsson

Dec. 6, 1999

Date

Daytime Phone #

KE

CR2001 (12/99)