

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR 13 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

V17540

1. Corporation Name

North Lake Realty of Tampa, Inc.

2. Principal Office Address

3. Mailing Office Address

3303 N. Jackson St 825 Third Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3315

City & State

City & State

Tampa

NY NY

Zip

Country

Zip

Country

33618

10022

4. Date Incorporated or Qualified  
To Do Business in Florida

March 3, 1992

5. FEI Number

Applied For

65-0315917

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

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

Name

Corporation Service Company

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

1201 Hay St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Grant D. Barber

Grant D. Barber  
as its agent

Date 3/13/02

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
P	Robert Morrow	825 Third Ave # 3315	NY NY 10022
S	Bruce Herman	825 Third Ave # 3315	NY NY 10022

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)