

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Horneham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 15 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21456

1. Corporation Name

P & M News, Inc.

Principal Place of Business

61101 E. Kennedy Blvd., #3305
Tampa, FL 33602

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

2811 W. Kennedy Blvd.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

3-16-92

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33609

Country

USA

Zip

Country

5. FEI Number

59-3203266

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Nicholas M. Matassini	2811 W. Kennedy Blvd.	Tampa, FL 33609
S/T/D	Bernice H. Matassini	10111 Hampton Place	Tampa, FL 33618

200003092162--9
-01/07/00--01089--015
****450.00 ****450.00

8. Name and Address of Current Registered Agent

Mark F. Mooney,
13907 N. Dale Mabry Hwy.
Suite 201
Tampa, FL 33618

9. Name and Address of New Registered Agent

Name Nicholas M. Matassini

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

2811 W. Kennedy Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

Nicholas M. Matassini
REGISTERED AGENT MUST SIGN

Date

12/13/99

11. 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.)

KE

12. 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:

Nicholas M. Matassini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas M. Matassini, President

Date

12/13/99

Daytime Phone #

813
879-6227