

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 14 AM 9:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005964

1. Corporation Name

Port Ybor Association, Inc.

2. Principal Office Address - No P.O. Box #
1101 Channelside Dr.

3. Mailing Office Address
1101 Channelside Dr.

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.
4th Floor

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country
USA

Zip
33602

Country
USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 6/15/2004

5. FEI Number
41-2261521

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Charles E. Klug, Jr., Port Counsel

Street Address (P.O. Box Number is Not Acceptable)
1101 Channelside Drive, 4th Floor

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33602

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Charles E. Klug, Jr.
REGISTERED AGENT MUST SIGN

Date 12/7/07

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
DPVP	Kirincich, Zelko N.	1101 Channelside Dr.	Tampa, FL 33602
DST	Renner, Jim	1101 Channelside Dr.	Tampa, FL 33602
D	Abberger, Robert R.	400 N. Ashley Drive Suite 2675	Tampa, FL 33602
	<i>Miralis</i>		400113156254 12/14/07--01037--007 **358.75

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 contained in Chapter 119, 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

[Signature]

12/11/07

Date

(813) 905-7678

Daytime Phone #