

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000165129560
01/07/10--01037--003 **358.75

CR2E081 (11/09)

DOCUMENT # N04000005964

1. Corporation Name

PORT YBOR ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

1101 Channelside Drive

Suite, Apt. #, etc.

4th Floor

City & State

Tampa FL

Zip

33602

Country

USA

3. Mailing Office Address

1101 Channelside Drive

Suite, Apt. #, etc.

4th Floor

City & State

Tampa FL

Zip

33602

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2004

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, Deputy Port Director-Admin, and Port Counsel

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

Tampa Port Authority 1101 Channelside Drive

Suite, Apt. #, Etc.

4th Floor

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

REGISTERED AGENT MUST SIGN

Date 12-28-09

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 Drive, 4th Floor	Tampa, FL 33602
DST	Renner, James	1101 Channelside Drive, 4th Floor	Tampa, FL 33602
D	Arviso, Kristopher R.	3350 Riverwood Parkway, Suite 850	Atlanta, GA 30339
REINSTATEMENT			
RH			

10. E-mail Address: rdennis@lampaport.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

James Renner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/10

Date

813-905-5154

Daytime Phone #