

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 14 AM 11:31

DOCUMENT # **N94000000395**

1. Corporation Name

TAMPA BAY GREYHOUND ASSOCIATION, INC.

Principal Place of Business

8400 7TH ST N
 SAINT PETERSBURG FL 33702

Mailing Address

8400 7TH ST N
 SAINT PETERSBURG FL 33702



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/26/1994

5. FEI Number

59-3211275

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	4 City / State / Zip
TD	SCHEELE, PAUL G FRANCESCA FIELD	1951 GLEN LAKES CIA N 17108 TIFFANY LAKE PLACE	SAINT PETERSBURG FL 33702 LUTZ, FL 33549
VPD	CONNELL, RODNEY	P O BOX 950550	LAKE MARY FL 32795
PD	HOLLAND, CAL	8400 -7TH ST N.	ST PETERSBURG FL 33702
SD	ABERNATHY, JAMES C JR.	821 -88TH AVE N.	ST. PETERSBURG FL 33702
			000004739820--1 -12/26/01--01097--006 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

HOLLAND, CALVIN J
 8400 7TH ST N
 SAINT PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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

Calvin J. Holland
 REGISTERED AGENT MUST SIGN

Date

11/02/01

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 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:

Calvin J. Holland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/02/01
 Daytime Phone #

CP2E040 (8/01)