

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUL -7 PH 12:10

DOCUMENT # N98000003604

1. Corporation Name

THE ASSOCIATION OF INFORMATION TECHNOLOGY  
Professionals of Tampa, Inc

B 7/14/09  
REINSTATEMENT 07-109

2. Principal Office Address - No P.O. Box # 2542 Eagles Crossing Drive		3. Mailing Office Address 2542 Eagles Crossing Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Sue Lignell	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33762	Country USA	Zip 33762-3040	Country USA

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida	1998
5. FEI Number 59-6152362	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Sue C Lignell		
Street Address (P.O. Box Number is Not Acceptable) 2542 Eagles Crossing Drive		
Suite, Apt. #, Etc.		
City Clearwater	State FL	Zip Code 33762

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.

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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 Sue C. Lignell Date 6/30/09  
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	Sue Lignell	2542 Eagles Crossing Drive	Clearwater FL 33762
T	Marshall Veatch	614 Shady Nook Dr	Brandon FL 33511
D	Feyzi Serim	5002 Bridgeport	Safety Harbor FL
D	Terri Scott	12002 Brewster Drive	Tampa FL 33626
D	John Ilgen	5813 Imperial Way	Tampa FL 33626
S	Karen Broughton	24234 Twin Lake Drive	Land O Lakes FL 34639

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: Marshall Veatch Date 7/2/09 (813) 972-6187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #