

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000022686 1. Entity Name TAMPA SENIORS, INC.						FILED 06 OCT 13 PM 4:32 SLOTT TALLAHASSEE, FLORIDA	
Principal Place of Business 301 WEST PLATT ST. 418 TAMPA, FL 33606				Mailing Address 301 WEST PLATT ST. 418 TAMPA, FL 33606			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address 6410 Castleway West Dr Suite 110 Indianapolis, IN 46250 USA			
4. FEI Number 20-2327439				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Dr, Ste 4 City Weston FL Zip Code 33331			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Melissa Timelben, Assist. Sec'y of NRAI DATE 10/2/2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition D Linda H. Starr 6410 Castleway West Dr, Ste 110 Indianapolis, IN 46250			
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.							
SIGNATURE: Indy M... SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 10/2/2006 Daytime Phone # 317.598.8880			