

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # 391617
1. Corporation Name Tampa Barge Services, Inc

Tampa, FL 921 Lake Charles Circle
Principal Place of Business Mailing Address
Lutz, FL 33549

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		4/18/1971	
City & State		City & State		5. FEI Number	
				59-1471422	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.D	Herman L. Haney	921 Lake Charles Circle	Lutz, FL 33549
S.D	April Haney	921 Lake Charles Circle	Lutz, FL 33549

8. Name and Address of Current Registered Agent

Herman L. Haney
921 Lake Charles Circle
Lutz, FL 33549

9. Name and Address of New Registered Agent:

Name Brooks P Hoyt
Street Address (P.O. Box Number is Not Acceptable)
3435 Bayshore Blvd
Suite, Apt. #, Etc. Suite 1401
City Tampa State FL Zip Code 33622

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 Brooks P Hoyt Date May 6, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax)

12. 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.

April Haney Director
SIGNATURE: April Haney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 7, 1999 813 949 1881
Date Daytime Phone #

FILED

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SE
TALLAHASSEE
DATE
FLORIDA