

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

653265

FILED

00 OCT 10 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 653265

1. Corporation Name

Tampa Industrial Management Company, Inc.

2. Principal Office Address

3103 Samara Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33618-4307

Country

USA

3. Mailing Office Address

3103 Samara Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33618-4307

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/24/1980

5. FEI Number

59-2084175

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

James J. Carlstedt

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

3103 Samara Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618-4307

600003434266-1

10/23/00 01004-003

****767.50 ****767.50

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

James J. Carlstedt

REGISTERED AGENT MUST SIGN

Date

9/29/00

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
DPST	James J. Carlstedt	3103 Samara Drive	Tampa, FL 33618-4307

REINSTATEMENT 2000

RECEIVED

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Carlstedt

Date

9/29/00

Daytime Phone #