

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1/2

FILED

06 APR 10 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 05-186

<b>DOCUMENT # 704319</b> 1. Entity Name NORTH TAMPA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 11778 N. DALE MABRY TAMPA, FL 33618			Mailing Address 3837 NORTHDAL BLVD STE 351 TAMPA, FL 33624		
2. Principal Place of Business 5202 Rawls Rd		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State		4. FEI Number 59-0973498	
Zip 33624		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SIEGEL, LAWRENCE 11778 N. DALE MABRY TAMPA, FL 33612				7. Name and Address of New Registered Agent Name Carol Rehfelt Street Address (P.O. Box Number is Not Acceptable) 5202 Rawls Rd City Tampa FL Zip Code 33624	
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 <u>Carol Rehfelt</u> DATE <u>4-5-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$297.50</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REHFELT, CAROL 5202 RAWLS RD TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINN, BILL 4244 GOLF CLUB LN. TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dennis Horton 5202 Rawls Rd Tampa, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDEN, KAREN 11778 N. DALE MABRY TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rosanna Encinosa 5202 Rawls Rd. Tampa, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSTANTINE, LORRAINE 11778 N. DALE MABRY TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400071649124 04/24/06--01070--013 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIES, JERRY PO BOX 270632 TAMPA, FL 33688	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3837 Northdale Blvd #351 Tampa, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBRECHTA, MARK J 15824 HAMPTON VILLAGE DR. TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	K. Eckel APR 12 2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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 like empowered.					
SIGNATURE: <u>Carol Rehfelt</u> <u>Carol Rehfelt, President</u> <u>4-5-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2/2

Division of Corporations

April 3, 2006

RE: Reinstatement

Please accept this reinstatement and we would like to request a waiver of the reinstatement fee because we did not receive a renewal registration form.

Sincerely,



Carol Rehfelt, President  
North Tampa Chamber of Commerce