

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -8 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711112

1. Corporation Name

Tampa Electric Employees Benefit Association

W07-59042

2. Principal Office Address - No P.O. Box #

1606 Cason Wood Ct

3. Mailing Office Address

PO Box 5043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, Fla

City & State

Plant City, Fla

Zip

33563 Hillsborough

County

Zip

33563 Hillsborough

County

12/03/07 01075 006 236-25
REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-0475095

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 Scarlett D. Smith

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

5601 N. 19th St

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33430

☐ 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.

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

Scarlett D. Smith

REGISTERED AGENT MUST SIGN

Date 12-14-07

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
PD	Charlie Gillespie	5906 Empress Ln	Palmetto, FL 34221
TD	Scarlett D. Smith	5901 N. 19th St.	Zephyrhills FL 33430
VD	Larry Langford	1000 Roux St.	Plant City, FL 33563
SD	Geraldine Rappe	13186 Thonotosassa Rd	Dover, FL 33527

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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:

Scarlett D. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-07

Date

8136306487

Daytime Phone #

2/1/15