

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 4 AM 9:09

DOCUMENT # 715004

1. Corporation Name

Instrument Society of America
Tampa Bay Section, Inc.

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

704 W Country Club Dr

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612

Country

U.S.A.

3. Mailing Office Address

704 W Country Club Dr

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Kathryn Pence

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

704 W Country Club Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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

Kathryn Pence

Date

5/30/08

REGISTERED AGENT MUST SIGN

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
P/C	Tony Morelli	3300 Publix Corporate Pkwy	Lakeland, FL 33811
V/C	Norman Magiera	4083 Westbourne Cir.	Sarasota, FL 34238
T/C	Kathryn Pence	704 W Country Club Dr	Tampa, FL 33612
D/C	Adrian Collins	4514 Norchester Cir	Tampa, FL 33647

6/10/08 STATEMENT OF OFFICERS

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:

Kathryn Pence

KATHRYN PENCE

Date

5/30/08

813-281-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

000130724830
06/04/08--01015--005 **603.75

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/68

5. FEI Number

59-2060205

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.