

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 1:14

DOCUMENT # **722265**

1. Corporation Name

**MARINE INDUSTRIES ASSOCIATION
OF GREATER TAMPA BAY, INC.**

2. Principal Office Address

101 16TH AVENUE SOUTH

Suite, Apt. #, etc.

SUITE 6

City & State

ST PETERSBURG, FL.

Zip

33701

Country

USA

3. Mailing Office Address

P.O. Box 58291

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL.

Zip

33715

Country

USA

REINSTATEMENT

00-01

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

12/13/1971

5. FEI Number

59-1559899

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

CYNTHIA L. McGINNESS

000004467750--8

-07/10/01--01072--005

******306.25 ****306.25**

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

101 16TH AVENUE SOUTH

Suite, Apt. #, Etc.

SUITE 6

City

ST PETERSBURG

**State
FL**

Zip Code

33701

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**

Cynthia L. McGinness

REGISTERED AGENT MUST SIGN

Date June 18, 2001

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	CYNTHIA McGINNESS	719 PINELLAS BAYWAY #301 TIERRA VERDE, FL. 33715	TIERRA VERDE, FL. 33715
VD	WILLIAM ALLEN	300 S. DUNCAN AVE, #122	CLARWATER, FL. 33755
T	STEVE RUSSELL	9800 4TH STREET N, #300	ST PETERSBURG, FL 33702
S	PAT O'DONAL	1200 STARKLEY RD., #110	LARGO, FL. 33771
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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 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:

Cynthia L. McGinness

CYNTHIA L. McGINNESS

06-18-01

727-820-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #