PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 16 AM 8:01

DOCUMENT # 728828

1. Corporation Name

FLORIDA BUSINESS ROUNDTABLE, INC.

Principal Place of Business	Mailing Address
320 W SABAL PALM PLACE SUITE 150 LONGWOOD FL 32779	320 W SABAL PALM PLACE SUITE 150 LONGWOOD FL 32779

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
407 Wekiva Springs RD	407 Wekiva Springs RD
Suite, Apt. #, etc. Suite 241	Suite, Apt. #, etc. Suite 241
City & State Longwood FL	City & State Longwood FL
Zip 32779 Country	Zip 32779 Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/11/1974

5. FEI Number: 59-1487806 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

100095228821
12/16/02--01044--022 **236.25

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCKENNA, DANIEL J	PO BOX 11013	CINCINNATI OH 45211
D	TOMCZAK, ROBERT F	11650 LIPSEY ROAD	TAMPA FL 33618
D	WOOD, MARK S	540 PHELPS ST	JACKSONVILLE FL 32201
SD	RIVERS, MICHAEL R	3008 RIPPLEWOOD DRIVE	SEFFNER FL 33584
D	ZAKIS, EUGENE	9500 KOGER BLVD, #200	SAINT PETERSBURG FL 33702
D	ELLIS JR, RALPH D	U OF FLORIDA, 345 WIEL HALL	GAINESVILLE FL 32611

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SIENKIEWICZ, BUR 320 W SABAL PALM PLACE 150 LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) 407 WEKIVA SPRINGS Road Suite, Apt. #, Etc. Suite 241 City Longwood State FL Zip Code 32779

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 12-11-02

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 11 DEC 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/16/02