


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: right;">FILED 07 MAR 1 AM 10:04 TAMPA, FLORIDA</div> <div style="text-align: center; margin-top: 20px;">600091013406 03/06/07--01024--026 ***420.00</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">REINSTATEMENT</div> <div style="text-align: center;">CR2E081 (1/07)</div>	
DOCUMENT # 746136			
1. Corporation Name THE CLUB INC OF TAMPA 3333 W COLUMBUS DR TAMPA FL 33607			
2. Principal Office Address - No P.O. Box # 3333 W COLUMBUS DR Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State TAMPA FL		City & State	
Zip 33607	Country USA	Zip Country	
7. Name and Address of Current Registered Agent Name: CLYDE GREEN Street Address (P.O. Box Number is Not Acceptable): 15114 SOUTH FORK DR Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida 3/1/79	
City TAMPA		5. FEI Number 59-1153010	
State FL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Code 33624		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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: <i>Clyde Green</i> REGISTERED AGENT MUST SIGN Date: _____			
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	S CRAIG DeLoach	6807 Harbor View TAMPA FL 33615	TAMPA FL 33615
VP	BOB CUNY	7805 113 Ave	TEMPLE TERR FL 33617
T	CLYDE GREEN	15114 SOUTH FORK DR	TAMPA FL 33624
S	Tom McGUIGAN	129 W CYPRESS Ct	Oldsmar FL 34677
D	Thomas P. SPANG	1704 E 1ST Ave	TAMPA FL 33605
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: <i>Clyde Green</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____			