PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -2 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748549

REINSTATEMENT 03 - 04

01/27/04 01:17 002 6125
01/27/04 01:17 001 175

1. Corporation Name
The Greater Town n Country Chamber of Commerce

2. Principal Office Address	3. Mailing Office Address
7512 Paula Dr.	7512 Paula Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33634 Country: USA	Zip: 33634 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/16/79

5. FEI Number: 59-2024257 ☐ 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: Carl Watkins

300028160409
02/03/04--01065--010 **61.25

Street Address (P.O. Box Number is Not Acceptable): 5103 Memorial Hwy.

Suite, Apt. #, Etc.

City: Tampa State: FL Zip Code: 33634

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: Carl T. Watkins Date: 1-30-04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Jeff Mizner	6105 Memorial Hwy	Tampa, FL 33634
V. Pres	Carl Watkins	5103 Memorial Hwy	Tampa, FL 33634
Sec	Deborah Eisenstadt	13605 Twin Lakes Lane	Tampa, FL 33618
Treas	Virginia Phillips	10205 W. Hillsborough Ave	Tampa, FL 33615

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: _____ 1/30/04 (813) 888-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #