PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 JUN -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746127

99-00

1. Corporation Name: The Marina Club of Tampa Condominium Association Inc.

2. Principal Office Address	**3.** Mailing Office Address
Suite, Apt. #, etc.	Sterling Management, Inc. 2880 Scherer Drive, Suite 840 St. Petersburg, Florida 33716
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2396372 ☐ 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: Sterling Management, Inc. / SEAN GALARIS

Street Address (P.O. Box Number is Not Acceptable): 2880 Scherer Dr

Suite, Apt. #, Etc.: Suite 840 FILING STATEMENT 99-00 TS

City: St. Petersburg FL | State: FL | Zip Code: 33716

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: _____ Date: 5.8.00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	Paul Payne	2424 W. Tampa Bay Blvd. B-207	Tampa FL 33607
TD	Sara Cazin	2424 W. Tamp Bay Blvd. I-203	Tampa FL 33607
SD VP	Robert Baglin	2424 W. Tampa Bay Blvd. G-209	Tampa FL 33607
D	Liz Wilson-Burke	2424 W. Tampa Bay Blvd H-202	Tampa FL 33607
D	John Nicolette	2424 W. Tampa Bay Blvd	Tampa FL 33607

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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: _____ / Paul Payne 58.00 2999555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 62.00 Date Daytime Phone #