PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 19 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766127

1. Corporation Name
THE MARINA Club of TAMPA Condominium ASSOCIATION, INC

2. Principal Office Address	3. Mailing Office Address
2424 W. TAMPA BAY BLVD.	2880 SCHERER DR
Suite, Apt. #, etc.: D-106	Suite, Apt. #, etc.: Ste 340
City & State: TAMPA, FL	City & State: St. Petersburg, FL
Zip: 33607 Country: USA	Zip: 33716 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1982

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: KASS, Shuler, Solomon, Spector, Foyle & Singer, PA
Street Address (P.O. Box Number is Not Acceptable): 1505 N. Florida Ave
900012712899
02/19/03 01012 005 **236.25
Suite, Apt. #, Etc.: c/o Ron Cotterill
City: TAMPA State: FL Zip Code: 33602

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: Ronald E Cotterill
REGISTERED AGENT MUST SIGN
Date: 1/30/03

CR2E081 (10/02)

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

900012712899
02/19/03--01012-005 **61.25

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director City/State/Zip
P-D	Gail Moore	2424 W. Tampa Bay Blvd #C108, Tampa, FL 33607
VP-D	Dennis Pimm	2424 W. Tampa Bay Blvd #A111, Tampa, FL 33607
S-D	Kathy Trott	2424 W. Tampa Bay Blvd #C203 Tampa, FL 33607
T-D	Brian Blaie	2424 W. Tampa Bay Blvd #E201 Tampa, FL 33607
D	Patty Mira	2424 W. Tampa Bay Blvd D-202, Tampa, FL 33607
		REINSTATEMENT 02-03 TB

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: Gail Moore Pres 2-403 727-299-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gail Moore