

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT #

766365

1. Corporation Name

TAMPA BAY EXECUTIVES' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10312 Carroll Shores Pl
Tampa, FL 33612

P.O. Box 10682
Tampa, FL 33679-0682

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

Nancy R. Kissane

Nancy R. Kissane

PO Box 10682

PO Box 10682

City

City & State

Tampa

FL

Tampa

FL

33679-0682

USA

33679-0682

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1982

5. FEI Number

59-2275881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	LEWKOWICZ, JOSEPH	10213 Lake Carroll Way	Tampa, FL 33618
V /D	KISSANE, JIM	550 N. Reo St., Ste. 300	Tampa, FL 33609
T/D	WADSWORTH, WILLIAM	3333 Henderson Blvd.	Tampa, FL 33679
D	PEREZ, DEBORAH	1301 W. Fletcher Ave.	Tampa, FL 33612
D	RIVERA, MARIO	3820 Northdale Blvd.	Tampa, FL 34624
S/D	KISSANE, NANCY R.	10312 Carroll Shores Pl.	Tampa, FL 33612

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERG, BRIAN
13565-A LAGOON LANE
TAMPA, FL 33618

Name

NANCY R. KISSANE

Street Address (P.O. Box Number is Not Acceptable)

10312 Carroll Shores Place

Suite, Apt. #, Etc.

Tampa, FL

City

Tampa

State

FL

Zip Code

33612

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.

Signature of
Registered Agent

Nancy R. Kissane
REGISTERED AGENT MUST SIGN

Date

4-28-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

Yes ☐ No ☒

900002173289-7

05/09/97-01101-002

See side for information

12. 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:

Nancy R. Kissane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-97

Daytime Phone #

813/
931-9537

CR2040 (12/96)