

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 APR 13 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770223

1. Corporation Name

Tampa Bay Georgia Bulldog Alumni Association Inc

Principal Place of Business

2506 Azeele St.
Tampa FL 33609

Mailing Address

P.O. Box 15823
Tampa FL.
33684-5823

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

2506 Azeele St

3. New Mailing Office Address, If Applicable

P.O. Box 15823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

9-14-83

City & State

Tampa FL

City & State

Tampa FL

Zip 33609

Country

USA

Zip

33684-5823

Country

USA

5. FEI Number

59-2369437

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Neal Armstrong	212 S. Ward St.	Tampa FL 33609
V/D	Ray Sultenfuss	3607 Bay to Bay Blvd	Tampa FL 33629
T/D	Robert Patterson	2106 W. Cluster Ave	Tampa FL 33604
S/D	Terence S. Moore	2506 Azeele St	Tampa FL 33609

8. Name and Address of Current Registered Agent

Terence S. Moore
2506 Azeele St.
Tampa FL.
33609

9. Name and Address of Current Registered Agent

Name Terence S. Moore
Street Address (P.O. Box Number is Not Acceptable)
2506 Azeele St
Suite, Apt. #, Etc.

City Tampa

State FL

Zip Code 33609

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

T. Moore

REGISTERED AGENT MUST SIGN

Date 3-26-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-98

Date

813 8745444

Daytime Phone #

CR2E040 (1/98)