PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
96 NOV -7 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K48722

1. Corporation Name

ONE STOP TRAVEL CENTERS OF TAMPA, INCORPORATED

Principal Place of Business	Mailing Address
110 S. Hoover Blvd. Suite 119 Tampa, FL 33629	James M.Landis, Esq. P.O. Box 3391 Tampa, FL 33601-3391

300002000113--4
-11/08/96--01027--026
****383.75 ****383.75

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Paul C. Davis, Esq. Suite, Apt. #, etc.	
		P.O. Box 3239	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
33609	USA	33602	USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/02/1988

5. FEI Number: 59-2918350 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒XX

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	McCarthy, Erin W.	110 S. Hoover Blvd., Suite 119,	Tampa, FL 33609
T/D	Wade, Susan	110 S. Hoover Blvd., Suite 119	Tampa, FL 33609

REINSTATEMENT 96
A. Allen
11-7-96

8. Name and Address of Current Registered Agent

Landis, James M. Esquire
100 N. Tampa Street
Suite 2700
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name: Paul C. Davis, Esq.
Street Address (P.O. Box Number is Not Acceptable): 777 S. Harbour Island Boulevard
Suite, Apt. #, Etc.: Suite 500
City: Tampa
State: FL
Zip Code: 33602

CR2E040 (12/95)

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: Paul C Davis
REGISTERED AGENT MUST SIGN
Date: 11/6/96

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

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Erin W. McCarthy, President 11/6/96 (813) 286-0724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #