

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

192

06 MAY -5 PM 12:00

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M 45556

1. Corporation Name

TAMPA ENERGY CORPORATION

600075038106  
05/22/06--01067--012 \*\*450.00

REINSTATEMENT 04-06

2. Principal Office Address

3000 GULF SHORE BLVD NO

3. Mailing Office Address

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

Same

City & State

NAPLES, FL

City & State

Zip

34103

Country

Collier

Zip

Country

94

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/27/1987

5. FEI Number

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

John J. Crowley

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

3000 GULF SHORE BLVD, NO.

Suite, Apt. #, Etc.

204

City

NAPLES

State

FL

Zip Code

34103

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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
P	John J. Crowley	3000 GULF SHORE BLVD. NO., NAPLES, FL	34103
S	J. William CARLINO	3000 GULF SHORE BLVD NO., NAPLES, FL	34103

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 contained in Chapter 119, 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

*[Signature]*

Date

5/4/06

Daytime Phone #

239

777-7589

Addendum to Reinstatement

212

Tampa Energy Corporation

3000 Gulf Shore Blvd., No Ste 204  
Naples, FL 34103


TO: SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
Reinstatement Dept.

RE: M 45556  
WAIVER OF PENALTY REQUEST

The TAMPA ENERGY CORPORATION WAS  
CLOSED IN 2004 DUE TO HURRICANES

The COMPANY NEVER RECEIVED THE  
ANNUAL REPORT FORM FROM THE STATE  
IN 2004 OR 2005.  
WE REQUEST A WAIVER OF PENALTY

DATO 5/4/06

  
REGISTERED AGENT  
JOHN J. CROWLEY