

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001681

1. Corporation Name

DAVIS ISLANDS CHAMBER OF COMMERCE, INC.

Principal Place of Business

238 EAST DAVIS BLVD.
TAMPA FL 33606

Mailing Address

238 EAST DAVIS BLVD.
TAMPA FL 33606

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

2. New Principal Office Address, If Applicable

205 E. DAVIS BL

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33606

Country

USA

3. New Mailing Office Address, If Applicable

205 E. DAVIS BL

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2000

5. FEI Number

59-3640955

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BRINK, JOHN J. Elaine Adams	238 E. DAVIS BLVD 205 E. Davis	TAMPA FL 33606
TD	SAPP, BARABRA	238 E. DAVIS BLVD	TAMPA FL 33606
S	RAGLAND, PATTY	238 E. DAVIS BLVD	TAMPA FL 33606
PD	FRILOUF, JAMES	238 EAST DAVIS BLVD	TAMPA FL 33606
TD	POLLIN, LARRY Dan Arate	238 EAST DAVIS BLVD	TAMPA FL 33606

8. Name and Address of Current Registered Agent

BARNETT, SCOTT F
234 EAST DAVIS BLVD.
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/8/03

11. 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:

Barbara A. Sapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/03

Daytime Phone #

CR2E040 (7/03)