

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N000000002272**

1. Corporation Name

**The Financial Planning Association of Tampa Bay, INC.**

2. Principal Office Address - No P.O. Box #

**12157 W Linebaugh Ave**

Suite, Apt. #, etc.

**PMB 312**

City & State

**Tampa, FL**

Zip

**33635**

Country

**Hillsborough**

3. Mailing Office Address

**12157 W Linebaugh Ave**

Suite, Apt. #, etc.

**PMB 312**

City & State

**Tampa, FL**

Zip

**33635**

Country

**Hillsborough**

7. Name and Address of Current Registered Agent

Name

**Christine P. Brown**

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

**12157 W Linebaugh Ave**

Suite, Apt. #, Etc.

**PMB 312**

City

**Tampa**

State

**FL**

Zip Code

**33626**

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

REGISTERED AGENT MUST SIGN

Date **3/12/2010**

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	Frederick Van Den Abbeel	111 2nd Ave NE Ste 529	Saint Petersburg, FL 33701
VP	Frederick D. Orr	11455 Gulf Blvd Ste 200	Treasure Island, FL 33706
T	Arlene Moore	3205 South Gate Cir	Sarasota, FL 34239
C	Kimberly Overman	300 S Hyde Park Ave Ste 300	Tampa, FL 33606

10. E-mail Address: **FPA@PlanningTampaBay.org**

(To be used for future annual report notification)

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. I further certify 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:

**Frederick Van Den Abbeel**

03/12/2010 (888) 579-8640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 15 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-10

**300172222893**  
03/15/10--01060--020 \*\*\$12.50  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**59-3638767**

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.