

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 17 AM 10:56

DOCUMENT # N01000006340

**1. Corporation Name**

Hillsborough County Sheriff's Office Explorers #238, Inc.

W04000043358

**2. Principal Office Address**

2008 E. 8th Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33605

Country

USA

**3. Mailing Office Address**

2008 E. 8th Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33605

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 09/06/01

**5. FEI Number**

31-1808160

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

000043466310  
12/16/04--01050--004 \*\*358.75

**7. Name and Address of Current Registered Agent**

Name

Ellen M. Leonard, Esq.

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

2008 E. 8th Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

**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

*Ellen Leonard*  
REGISTERED AGENT MUST SIGN

Date Nov. 8, 2004

**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
DP	David Gee	2008 E. 8th Street	Tampa, FL 33605
D	Alan Hill	2008 E. 8th Street	Tampa, FL 33605
D	Patti Morris	2008 E. 8th Street	Tampa, FL 33605
DS	Gerald J. Carey II	2008 E. 8th Street	Tampa, FL 33605
VP	Albert Frost	2008 E. 8th Street	Tampa, FL 33605
T	Joseph Burt	2008 E. 8th Street	Tampa, FL 33605

**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 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:

ALBERT FROST *Albert Frost*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-04 813-247-8289

Date

Daytime Phone #

CR2E081 (01/04)

11/17/00