

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000261

1. Corporation Name

Tampa Bay BMX, Inc.

2. Principal Office Address

8521 Heyward Road

3. Mailing Office Address

8521 Heyward Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33635

Country

USA

Zip

33635

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/10/02

5. FEI Number

04-3587504

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

Susan J. Crohan

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

8521 Heyward Road

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33635

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

Susan J. Crohan
REGISTERED AGENT MUST SIGN

Date **11/06/03**

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
D/P	David K. Crohan	8521 Heyward Road	Tampa, FL 33635
D/V	Susan J. Crohan	8521 Heyward Road	Tampa, FL 33635
D	Bill Tomaski	3849 LAKE SAINT GEORGE DR	Palm Harbor, FL 34684

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

David K. Crohan

David K. Crohan

11/06/03

813-785-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

TR