

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

03 OCT -7 AM 8:00

DOCUMENT # *NO 2000 001552*

1. Corporation Name

*Tampa Historical and Cultural
Education Complex, Inc*

2. Principal Office Address

303 Crayford Place

Suite, Apt. #, etc.

City & State

Valrico - FL

Zip

33594

Country

US

3. Mailing Office Address

303 Crayford Place

Suite, Apt. #, etc.

City & State

Valrico - FL

Zip

33594

Country

US

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/02

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

Jenkins, Annette S

500023593595

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

303 Crayford Place

Suite, Apt. #, Etc.

City

Valrico

State
FL

Zip Code

33594

MRS

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

Annette Jenkins

REGISTERED AGENT MUST SIGN

Date *Sep 25, 2003*

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
<i>C</i>	<i>Miles, Bruce H</i>	<i>308 Dr. MLK Blvd</i>	<i>Tampa FL 33603</i>
<i>VC</i>	<i>Wintons, Felecia-A</i>	<i>10910 N. 56th St</i>	<i>Tampa FL 33617</i>
<i>S</i>	<i>Reed, Betty</i>	<i>3601 Patina Dr.</i>	<i>Tampa FL 33619</i>

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:

Annette Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 25, 2003 (813) 486-1004

Date

Daytime Phone #

CR2E081 (10/02)