PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 28 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/28/04--01042--002 **297.50

REINSTATEMENT 03.04

DOCUMENT # N02000001600

1. Corporation Name

Alley Cat Players, Inc.

2. Principal Office Address	3. Mailing Office Address
809 E. Flora St.	809 E. Flora St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33604 Country: Hillsborough	Zip: 33604 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: March 1, 2002

5. FEI Number: 22-3885000 ☐ 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: Jo Ann Brigid Averill-Snell

Street Address (P.O. Box Number is Not Acceptable): 809 E. Flora St.

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33604

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: Jo Ann Brigid Averill-Snell Date: 12/22/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
Ms.	D/C Jo Ann Brigid Averill-Snell	809 E Flora St, Tampa, FL	Tampa, FL 33604
Mr.	D/S Edward Hamilton Averill-Snell	809 E. Flora St.	Tampa, FL 33604
Ms.	D Teresa Elena Gallar	9736 Hulsey Road	Tampa, FL 33634
			JC 12/28

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: Jo Averill-Snell 12/22/04 (813) 231-8478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #