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APPROVED AND FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 DEC 28 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000006138

1. Corporation Name

HILLSBOROUGH RIVER GREENWAYS TASK FORCE, INC.

2. Principal Office Address	3. Mailing Office Address
8102 Sheldon Road	Post Office Box 21405
Suite, Apt. #, etc.: Apt. 1104	Suite, Apt. #, etc.:
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33615 Country: USA	Zip: 33622 Country: USA

REINSTATEMENT 01-05

4. Date Incorporated or Qualified To Do Business in Florida: 07/17/2003

5. FEI Number: 20-0147812 ☐ 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: Mitchell I. Horowitz

Street Address (P.O. Box Number is Not Acceptable): 501 E. Kennedy Blvd.

Suite, Apt. #, Etc.: Suite 1700

City: Tampa State: FL Zip Code: 33602

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: Mitchell I. Horowitz REGISTERED AGENT MUST SIGN Date: 12/22/05

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/D	KROH, STANLEY	2881 BAYSHORE TRAILS DRIVE	TAMPA, FL 33611
VP/D	WALKINSHAW, JOHN	3211 BANYAN HILL LANE	LAND O'LAKES, FL 34639
S/T/D	TOPPIN, GREG	15402 US HWY. 301 NORTH	THONOTOSASSA, FL 33592
D	MARVIN, STU	316 S. RIVERHILLS DRIVE	TEMPLE TERRACE, FL 33617
D	CAMPBELL, KYM ROUSE	3910 US HWY. 301 N, ST. 180	TAMPA, FL 33619
D	PRYCE, MARINA	5339 COUNTY ROAD 579	SEFFNER, FL 33584

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: Stanley Kroh Stanley Kroh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eckel DEC 28 2005

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