

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 07, 2007  
Secretary of State**

DOCUMENT# N04000011999

Entity Name: THE TAMPA BAY BULLDOGS INC.

**Current Principal Place of Business:**

4411 N. 48TH ST.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

4411 N. 48TH ST.  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SEAGO, DARIN  
2103 N. BAY ST.  
TAMPA, FL 33610    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARIN DEAGO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      LEVY, CHERYLENE  
Address:                      4411 N. 48TH ST.  
City-St-Zip:                      TAMPA, FL 33610

Title:                      S                      ( ) Delete  
Name:                      SEAGO, DARIN  
Address:                      2103 N. BAY ST.  
City-St-Zip:                      TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYLENE LEVY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

11/07/2007

\_\_\_\_\_  
Date