

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>No 500006440</i>			
1. Corporation Name Tampa Bay Area Credit Unions for Kids, Inc.			
2. Principal Office Address - No P.O. Box # 6801 E Hillsborough Ave		3. Mailing Office Address 6801 E Hillsborough Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33610	Country USA	Zip 33610	Country USA
7. Name and Address of Current Registered Agent			
Name <i>Benjamin Felder</i>			
Street Address (P.O. Box Number is Not Acceptable) 6801 E Hillsborough Ave			
Suite, Apt. #, Etc.			
City Tampa		State FL	Zip Code 33610
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 <i>Benjamin Felder</i>		Date <i>9/3/2009</i>	
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
President	Tom Dorety	6801 E Hillsborough Ave,	Tampa FL 33610
Director	Mary Wood	1225 Millennium Parkway	Brandon FL 33511
Director	Linda Reynolds	10273 Uilmerton Rd	Largo FL 33771
Director	Tim McMurray	5621 Harney Rd	Tampa FL 33610
Director	William DeMare	8202 W Waters Ave	Tampa FL 33614
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 contained in Chapter 119, 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: <i>Tom Dorety</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>9/3/2009 813-621-7511</i>	

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000160412120
09/09/09-01001-012 **245.00
CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida** **06/21/2005**

5. FEI Number **20-3068168** **Applied For** **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required
for a Certificate of Status**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Date *9/3/2009*