2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# N06000000385

Entity Name: BAY AREA BLACK & GOLD CLUB, INC.

Current Principal Place of Business:

5233 CORVETTE DR
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5233 CORVETTE DR
TAMPA, FL 33624

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WATKINS, CARL T
5103 MEMORIAL HWY
TAMPA, FL 33634 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: CARL T WATKINS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PELC, VIOLET M
Address: 5233 CORVETTE DR
City-St-Zip: TAMPA,, FL 33624

Title: V ( ) Delete
Name: BROWN, ROYCE T
Address: 13443 STAGHORN RD
City-St-Zip: TAMPA, FL 33626

Title: S ( ) Delete
Name: EICHLER, WILMER E JR
Address: 12013 STEPPINGSTONE BLVD
City-St-Zip: TAMPA, FL 33635

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CO-P ( ) Change (X) Addition
Name: MINCIN, RENEE
Address: 2312 E LIBERTY ST
City-St-Zip: TAMPA, FL 33612 62

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: RENEE MINCIN CO-P 02/21/2008

Electronic Signature of Signing Officer or Director — Date