

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -1 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # NO6000003173

1. Corporation Name

TAMPA BAY MISSIONS INC.

200167707502
02701710--01046--018 **192.50

2. Principal Office Address - No P.O. Box #

873 WEST BAY DR.

Suite, Apt. #, etc.

214

City & State

LARGO, FL.

Zip

33770

Country

USA

3. Mailing Office Address

873 WEST BAY DR.

Suite, Apt. #, etc.

214

City & State

LARGO, FL.

Zip

33770

Country

USA

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

11-3774561

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

TIM RICE

Street Address (P.O. Box Number is Not Acceptable)

873 WEST BAY DR

Suite, Apt. #, Etc.

214

City

LARGO

State

FL

Zip Code

33770

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.

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

TIM RICE

Date

1-27-10

REGISTERED AGENT MUST SIGN

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
PSTD	TIM RICE	873 WEST BAY DR, # 214	LARGO, FL. 33770
D	ROONEY WILLIAMS	873 WEST BAY DR, # 214	LARGO, FL. 33770
D	DANIEL VALENTINE	873 WEST BAY DR. # 214	LARGO, FL. 33770
D	RICHARD RICE	873 WEST BAY DR # 214	LARGO, FL. 33770
		2/3	

10. E-mail Address: TMRICE777 @ AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

TIM RICE

1-27-10

Date

Daytime Phone #

727-564-8488