

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N07000004085**

1. Corporation Name

**Running Tigers Track Club**

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

**4504 North 20th Street**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

Zip

**33610-6163**

Country

**USA**

3. Mailing Office Address

**4504 North 20th Street**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

Zip

**33610-6163**

Country

**USA**

**7. Name and Address of Current Registered Agent**

Name

**Felicia Wells**

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

**1201 North Parsons Avenue**

Suite, Apt. #, Etc.

City

**Seffner**

State

**FL**

Zip Code

**33584**

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

*Felicia Wells*

REGISTERED AGENT MUST SIGN

Date **December 21, 2009**

**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	Eric White	4504 North 20th Street	Tampa, FL 33610-6163
V	Vernest Pilcher	207 West North Street	Tampa, FL 33604
D	Earl Gloster	1301 Emerald Hill Way	Tampa, FL
T	Doug Black	3213 North 44th Street	Tampa, FL 33605
S	Gig Brown	10144 Arbor Run Drive Unit 12	Tampa, FL 33647
			<i>12/31</i>

10. E-mail Address: **therunningtigers@gmail.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:**

*Eric White*

**Eric White**

**12/21/2009 (813) 368-8841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC 30 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200164049542  
12/30/09--01018--017 \*\*131.25

**REINSTATEMENT** *08-09*

4. Date Incorporated or Qualified To Do Business in Florida

**April 23, 2007**

5. FEI Number

**03-0464182**

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.