2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004761

JOEY, SPINKS

11711 MOFFAT AVE

TAMPA, FL 33617

Name:

Address:

City-St-Zip:

FILED Nov 13, 2008 Secretary of State

Entity Name: TAMPA BAY SEARCH & RESCUE, INC. **Current Principal Place of Business: New Principal Place of Business:** 520 47TH AVE. NORTH ST. PETERSBURG, FL 33703 **Current Mailing Address: New Mailing Address:** P.O. BOX 341244 520 47TH AVE. NORTH TAMPA, FL 33694 ST. PETERSBURG, FL 33703 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: Name and Address of New Registered Agent: LEGGETT, JARED T 7316 24TH AVE. WEST BRADENTON, FL 34209 US 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: JARED LEGGETT Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEGGETT, JARED T Name: Name: 7316 24TH AVE. WEST Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CRAIG, DORMAN Name: Address: 520 47TH AVE. NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33703 City-St-Zip: Title: () Delete Title: () Change () Addition FREDERICK, PITTS Name: Name: Address: 4103 TYNDALE DR Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JARED LEGGETT P 11/13/2008