PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

OBAK

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 14 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08772

1. Corporation Name

TAMPA/HILLSBOROUGH CONVENTION & VISITORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 N TAMPA ST SUITE 1010 TAMPA FL 33602 US	4400 N TAMPA ST SUITE 1010 TAMPA FL 33602 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 1010
City & State	City & State: Tampa, FL
Zip / Country	Zip: 33602 / Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/1985

5. FEI Number: 59-2529118 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~TD~~ VD	~~DREWERY, J. BERNARD~~ Gold, Herb	~~14503 GAINSBOROYGH DR.~~ 713 S. Oregon Ave	~~ORLANDO FL~~ Tampa, FL 33602
~~SD~~ CD	BARDEL, RENE R.	11902 KEATING DR.	TAMPA FL
~~VD~~ TD	~~SHARP, ROBERT R~~ Norman, Linda	~~18710 PEPPER PIKE~~ 6405 Nikki Lane	~~LUTZ FL~~ Tampa, FL 33625
~~SD~~ SD	~~CATOE, PAUL~~ Plasencia, Lou	~~905 EAST JACKSON ST~~ 10104 Woodsong Way	~~TAMPA FL~~ Tampa, FL 33618
			300002721463---1 -12/24/98--01006--011 *****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BAKAS, JOHN W JR. 100 N TAMPA ST S2900 TAMPA FL 33602	Name: Lynwood F. Arnold, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable): 400 N. Tampa Street Suite, Apt. #, Etc.: Suite 2450 City: Tampa State: FL Zip Code: 33602-4708

CR2E040 (9/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: December 1, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: SIGNATURE REQUIRED LYNDA NORMAN 12/10/98 (813)223-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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PER PHONE CONVERSATION,
REINSTATEMENT FEE NOT
PAID BECAUSE OF NON-
RECEIPT OF FORM DO TO
ERROR IN MAILING ADDRESS
(SEE ATTACHED 1997 FORM)