



# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N10641</b> 1. Entity Name <b>DEPRESSION AND BIPOLAR SUPPORT ALLIANCE TAMPA BAY, INC.</b>						07 OCT 17 PM 2:58 TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1603 MAGALENE MANOR TAMPA, FL 33613</b>				Mailing Address <b>PO BOX 340572 TAMPA, FL 33607</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				10112007 REIN-NP CR2E099 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-2521274</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUSH, NEIL 1603 MAGALENE MANOR TAMPA, FL 33613</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Neil Bush</u> - Neil Bush <span style="float: right;">10/12/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2008, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YANEZ, CAROL 16610 E COARSE DR TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Yanos, Carol 16610 E. Course Dr. Tampa, FL 33621	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>REINSTATEMENT 2007</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUSH, NEIL 1603 MAGALENE MANOR TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	R Anderson, Rene 13301 Bruce B. Downs Tampa, FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WATKINS, MARY P O BOX 20505 SAINT PETERSBURG, FL 33742	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VVP Neil Bush 1603 Magdalene Manor Dr Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COLBY, JAYNES 3904 CLINTON AVE DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP Walkins, Mary P. O. Box 20505 ST. Petersburg, FL 33742	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROGAN, KITTY 5111 W MLK JR BLVD STE 100 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Armstrong, Sherni 1820 Chesapeake Dr Odessa, FL 33556-3640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Neil Bush</u> <span style="float: right;">10/12/07 813-961-8326</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							