PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	16 JUN 30 AM 9:22 SECRETARY OF STATE

DOCUMENT # N1188⧸9

1. Corporation Name

TAMPA Breakfast Seatoma Club

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
5100 W. Lemon Street	5100 W. Lemon Street	CR2E081 (11/10)

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
209	209	4. Date Incorporated or Qualified To Do Business in Florida 11-4-1985

City & State	City & State	5. FEI Number		Applied For
Tampa, FL	Tampa, FL	59-2369385		Not Applicable

Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	$8.75 Additional Fee required for a Certificate of Status
33609		33609			

7. Name and Address of Current Registered Agent

Name
Edward R. Malone

Street Address (P.O. Box Number is Not Acceptable)
Camden 5100 W. Lemon St.

Suite, Apt. #, Etc.
Suite 209

City
Tampa

	State	Zip Code
	FL	33609

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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 **Edward R Malone**   Date **6/28/16**

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
P	Cody Yerian, President	8864 58th Way	Pinellas Park, FL 33782
T	Ed Malone, Tres.	5100 W. Lemon St. Suite 209	Tampa FL 33609
S	Paula Golson, Sec	1108 W Indiana Ave	Tampa FL 33603
	REINSTATEMENT		
	2005-2016		S. HAWKES JUN 30 A.M.

10. E-mail Address: **emalone @ camdenliving.com**   EXAMINER
(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.. and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Edward R Malone**   **6/28/16**   **813-286-5921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #