PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18036

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 PM 6:07

1. Corporation Name
Tampa Bay Urban Bankers Association, Inc.

Principal Place of Business	Mailing Address
	P.O. Box 1915 Tampa, Florida 33602

500003020185---4
-10/21/99--01010--023
****857.50 ****857.50

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.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 84-99

4. Date Incorporated or Qualified To Do Business in Florida: October 30, 1986

5. FEI Number: 59-2825011 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Kenneth Rioland, Jr.	400 N. Ashley Drive	Tampa, Florida 33602
V	C. Machelle Maner	1770 N. 50th Street ~~100 S. Ashley Drive~~	Tampa, Florida 33619 ~~33602~~
T	Charnell Williams	2306 Needham Drive	Valrico, Florida 33594
D	Troy Young	100 N. Tampa Street	Tampa, Florida 33602
D	David Christian	400 N. Ashley Drive	Tampa, Florida 33602
D	Angelina M. Dyson	3500 W. Cypress	Tampa, Florida 33607

8. Name and Address of Current Registered Agent

Ricardo Gilmore
1516 8th Ave.
Tampa, Fl.

9. Name and Address of New Registered Agent

Name: S. M. David Stamps, III
Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Boulevard
Suite, Apt. #, Etc.: Suite 2700
City: Tampa State: FL Zip Code: 33602

CR2E055 (12/98)

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: _____ Date: 9/15/99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: Charnell Williams, Charnell Williams 9/8/99 (813)-661-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #