PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 98-01

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

APPROVED AND FILED
01 NOV -9 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N22914

1. Corporation Name

Friends of Tampa Reading Clinic, INC.

REINSTATEMENT 98-01

2. Principal Office Address	**3.** Mailing Office Address
12606 Henderson Rd.	12606 Henderson Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa Florida
Zip: 33625 Country:	Zip: 33625 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/9/1987

5. FEI Number: 592856698 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: H. Stratton Smith III

Street Address (P.O. Box Number is Not Acceptable): 611 W. Azeele Street

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33606

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: H Stratton Smith III — REGISTERED AGENT MUST SIGN — Date: 11/7/01

CR2E081 (9/00)

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
D	Walt Karniski	4331 Carrollwood Vlg.DR	Tampa, FL 33624
D	Lois Delaney	11750 Park Blvd	Seminole, FL 33772
D	Andrea Mowatt	6508 Camden Bay Drive #103	Tampa, FL 33635

10. 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: Walt Karniski 11/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #