

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N24225*

1. Corporation Name

LEADERSHIP TAMPA BAY, Inc.

REINSTATEMENT 90-04

400030909544

03/23/04--01043--001 **1093.75

2. Principal Office Address

223 S. 12th Street

3. Mailing Office Address

Post Office Box 1315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33602

Country

U.S.

Zip

33601-1315

Country

U.S.

4. Date Incorporated or Qualified

To Do Business in Florida 1/06/1988

5. FEI Number

592883950

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

Alice Bessette

Street Address (P.O. Box Number is Not Acceptable)

223 S. 12th Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

Alice Bessette

REGISTERED AGENT MUST SIGN

Date

3/12/04

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	Charlie Reese	4775 E. Fowler Ave.	Tampa, Florida 33617
Co-VP	Tom Masterson	699 First Avenue North	St. Petersburg, Florida 33701
Co-VP	Doug Williamson	9075 Seminole Boulevard	Seminole, Florida 33772
T	Jim Hackman	6401 N. 54th Street	Tampa, Florida 33610
S	Michele Baker	7530 Little Road	New Port Richey, Florida 34654

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:

Charles R. Reese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/04

Daytime Phone #

CP2ED081 (01/04)