


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24397**

1. Corporation Name

**EXCHANGE CLUB OF TAMPA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 10206  
TAMPA FL 33679-0206

P.O. BOX 10206  
TAMPA FL 33679-0206

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/1988

5. FEI Number

59-6194131

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
<del>MD</del>	COOK, WARD	5025 HOMER AVE	TAMPA FL 33629
<del>VD</del> <del>PD</del>	WALTERS, KEN	1304 S DESOTO AVE	TAMPA FL 33606
<del>PD</del>	<del>GUAGLIARDO, NELSON DELETE</del>	<del>P.O. BOX 10206 N/A DELETE</del>	<del>TAMPA FL DELETE</del>
<del>SD</del> <del>VO</del>	RYALS, LESTER	1204 SUFFOLK DR	TAMPA FL 33629
<del>TD</del> <del>SD</del>	<del>SANSANE, CHUCK</del> SANSANE, CHUCK	P.O. BOX 10206	TAMPA FL 33679

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HOWELL, GEORGE B. III~~  
~~4315 SYLVAN RAMBLE~~  
~~TAMPA FL 33609~~

Name  
**WARD COOK**  
Street Address (P.O. Box Number is Not Acceptable)  
**5025 HOMER AVE.**  
Suite, Apt. #, Etc.  
City  
**TAMPA** State  
**FL** Zip Code  
**33629**

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 **10/31/01**

REGISTERED AGENT MUST SIGN

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., 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:

**WARD COOK, TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV -8 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2004 (8/01)