2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# N24397

Entity Name: EXCHANGE CLUB OF TAMPA, INC.

Current Principal Place of Business:

P.O. BOX 10206
TAMPA, FL 336790206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10206
TAMPA, FL 336790206

New Mailing Address:

FEI Number: 59-6194131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOK, WARD
5025 HOMER AVENUE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: COOK, WARD
Address: 5025 HOMER AVE
City-St-Zip: TAMPA, FL 33629

Title: PD ( ) Delete
Name: SANSONE, CHUCK
Address: P.O. BOX 10206
City-St-Zip: TAMPA, FL 336790206

Title: SD ( ) Delete
Name: PERRY, BO
Address: P.O. BOX 10206
City-St-Zip: TAMPA, FL 336790206

Title: TD ( ) Delete
Name: STICHTER, SCOTT
Address: P.O. BOX 10206
City-St-Zip: TAMPA, FL 33679

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COOK, WARD
Address: 5025 HOMER AVE
City-St-Zip: TAMPA, FL 33629

Title: VD (X) Change ( ) Addition
Name: PERRY, BO
Address: P.O. BOX 10206
City-St-Zip: TAMPA, FL 336790206

Title: SD (X) Change ( ) Addition
Name: STICHTER, SCOTT
Address: P.O. BOX 10206
City-St-Zip: TAMPA, FL 336790206

Title: TD (X) Change ( ) Addition
Name: BAKER, PETER
Address: P.O. BOX 10206
City-St-Zip: TAMPA, FL 33679

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARD COOK PRES 10/21/2004
Electronic Signature of Signing Officer or Director — Date