PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

₩, ¹,

DOCUMENT # N24397 1. Corporation Name NATIONAL EXCHANGE CLUB OF TAMPA, INC 2. Principal Office Address - No P.O. Box # G807 S MACDILL AVE P.O. BOX 10206 Suite, Apl. #, etc. City & State TAMPA, FL Zip 33611 Zip 33679 Country USA C	1 4: 28
2. Principal Office Address - No P.O. Box # 6807 S MACDILL AVE P.O. BOX 10206 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida TAMPA, FL TAMPA, FL TAMPA, FL Zip Country USA 33679 T. Name and Address of Current Registered Agent Name J WARD COOK, EXECUTIVE DIRECTOR Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Gry TAMPA State Zip Code T, Name and Address of Current Registered Agent Suite, Apt. #, Etc. Zip Code The reinstatement fee is imposed, except circumstances which the entity did not received and requesting the reinstatement fee by waived. Gry TAMPA State Zip Code Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). October 1075 City (State / Code of 1075) REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Name of Street Address of Each City (State / To Do Street Address of Each	FLORIDA
Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Flonds Suite, Apt. #, etc. TAMPA, FL Suite, Apt. #, etc. Su	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Flonda TAMPA, FL Zip TAMPA, FL Zip Country 33679 The reinstatement fee is imposed, except circumstances which the entity did not received and requesting the prior notices. By checking this box, year excertifying the prior notices were in received and requesting the reinstatement fee he waived. City & State TAMPA, FL Zip Country 33679 The reinstatement fee is imposed, except circumstances which the entity did not received and requesting the prior notices. By checking this box, year excertifying the prior notices were in received and requesting the reinstatement fee he waived. City TAMPA State 33611 State 33611 State 33611 Pale 6 2 3 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20
City & State TAMPA, FL Zip 33611 Country 33679 The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were notices were notices. By checking the reinstatement fee he waited and requesting the reinstatement fee is imposed, except circumstances which the entity did not received and requesting the reinstatement fee he waited and requesting the reinstatement fee is imposed, except circumstances which the entity did not received and requesting the reinstatement fee he he waited and requesting) /
City & State TAMPA, FL Zip 33611 Zip 33679 Zip 33679 Zip 33679 Country USA Certificate of Status Desired Not Applied For a Certificate of Status Desired Street Address of Current Registered Agent Name J WARD COOK, EXECUTIVE DIRECTOR Street Address (P.O. Box Number is Not Acceptable) 6807 S MACDILL AVE Suite, Apt. #, Etc. City TAMPA State FL 33611 Titles Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each City Cathering appointed the registered agent of the above named corporation must list at least 3 directors) Name of Street Address of Each City Cathering appointed the registered Agent REGISTERED AGENT MUST SIGN Street Address of Each Street Address of Each City Cathering appointed the least 3 directors) Name of Street Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the City (Stater Address of Each City Cathering appointed the	$\overline{}$
TAMPA, FL Zip 33611 Country USA Zip Country USA G. CERTIFICATE OF STATUS DESIRED State Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City TAMPA State City TAMPA State Size City TAMPA State Size City TAMPA State City TAMPA State Size Size City TAMPA State Size Siz	
33611 USA 33679 USA CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee refor a Certificate of St. 7. Name and Address of Current Registered Agent Name J WARD COOK, EXECUTIVE DIRECTOR Street Address (P.O. Box Number is Not Acceptable) 6807 S MACDILL AVE Suite, Apt. #, Etc. City TAMPA State Sta	
Name J WARD COOK, EXECUTIVE DIRECTOR Street Address (P.O. Box Number is Not Acceptable) 6807 S MACDILL AVE Suite, Apt. #, Etc. City TAMPA State State FL 33611 State State State Agent REGISTERED AGENT MUST SIGN Titles Name of Street Address of Each Street Address of Each Street Address of Each Titles The reinstatement fee is imposed, except circumstances which the entity did not recein the prior notices. By checking this box, year e certifying the prior notices were not received and requesting the reinstatement fee he waited 1. The reinstatement fee is imposed, except circumstances which the entity did not recein the prior notices. By checking this box, year e certifying the prior notices were not received and requesting the reinstatement fee he waited 1. The reinstatement fee is imposed, except circumstances which the entity did not recein the prior notices. By checking this box, year e certifying the prior notices were not received and requesting the reinstatement fee he waited 1. The reinstatement fee is imposed, except circumstances which the entity did not recein the prior notices. By checking this box, year e certifying the prior notices were not received and requesting the reinstatement fee he waited 1. The reinstatement fee is imposed, except circumstances which the entity did not recein the prior notices. By checking this box, year entity in the prior notices were not received and requesting the reinstatement fee he waited 1. The reinstatement fee is imposed. 1. The prior notices and in the prior notices were not received and requesting the reinstatement fee he waited 1. The prior notices and requesting the prior notices were not received and requesting the prior notices. 2. The prior notices and requesting the prior notices and requesting the prior notices. 2. The prior notices and requesting the prior notices and requesting the prior notices. 3. The prior notices and requesting the prior notices and requesting the prior notices. 4. The prior notices and requesting the prior no	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. #, Etc. City TAMPA State Sta	
Street Address (P.O. Box Number is Not Acceptable) 6807 S MACDILL AVE Suite, Apt. #, Etc. City TAMPA State Signature of Registered Agent REGISTERED AGENT MUST SIGN Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each	
Suite, Apt. #, Etc. City TAMPA State FL 33611 State State FL 33611 State State FL 33611 B. 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). Name of Street Address of Each Street Address of Each Street Address of Each Street Address of Each	ou
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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Other Street Address of Each	nt
Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). Titles Name of Street Address of Each Street Address of Each Street Address of Each	
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City (State / Zip	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City (State / Zin	_[
Titles Name of Street Address of Each City / State / Zin	
P/D ROBERT SAMUELS P.O. BOX 10206 TAMPA, FL 33679	
VP/D HENRY ENNIS P.O. BOX 10206 TAMPA, FL 33679	
SEC/D SANDRA MURMAN P.O. BOX 10206 TAMPA, FL 33679	
TR/D WILLIAM STARKEY P.O. BOX 10206 TAMPA, FL 33679	
06/3D/09U1005001 **122.5)
7 *1	j
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 filling 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 feed owed by the corporation have been paid and the parties of individuals issted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	s
SIGNATURE: T. WARD COOK EVEC. DIRECTOR 6/23/09 813-837-2773 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylume Phone #	