

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N25548**

1. Corporation Name

**THE TAMPA BAY BANKRUPTCY BAR ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O HARLEY E RIEDEL  
P O BOX 1531  
TAMPA FL 33601  
US

C/O HARLEY E RIEDEL  
P O BOX 1531  
TAMPA FL 33601  
US

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

03/22/1988

5. FEI Number

59-2891164

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)

| 1<br>Title(s) | 2<br>Name of Officers and/or Directors    | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip     |
|---------------|---|--|-----------------------------|
| CD            | WALLER, EDWARD M. JR<br>Roberta A. Colton | 501 E KENNEDY BLVD, SUITE 1700<br>101 E. Kennedy Blvd. Ste. 2700                         | TAMPA FL<br>Tampa, FL 33602 |
| PD            | RIEDEL, HARLEY E<br>Jeffrey W. Warren     | 110 MADISON STREET, SUITE 200<br>220 S. Franklin Street                                  | TAMPA FL<br>Tampa, FL 33602 |
| SD            | ZUCH, SHARYN BETH<br>Dennis J. LeVine     | 501 E KENNEDY BLVD SUITE 1400<br>215 W. Verne Street, Suite D                            | TAMPA FL<br>Tampa, FL 33606 |
| TD            | HORAN, MICHAEL P.<br>Kathleen S. McLeroy  | 100 N TAMPA ST, SUITE 1000<br>777 S. Harbor Island Blvd.                                 | TAMPA FL<br>Tampa, FL 33602 |
| VD            | COLTON, ROBERTA A<br>Michael P. Horan     | 101 E KENNEDY BLVD, SUITE 2700<br>100 N. Tampa Street, Ste. 1900                         | TAMPA FL<br>Tampa, FL 33602 |
|               |   |  |                             |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLTON, ROBERTA A  
101 E KENNEDY BLVD  
SUITE 2700  
TAMPA FL 33602

Name

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

Suite, Apt. #, Etc.

City

800002003608--5  
-11/13/96--01176--005  
\*\*\*\*175.00 z#888175.00  
FL

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

(X)

Roberta A. Colton  
Roberta A. Colton

Date

9/27/96

800002003608--5  
-11/13/96--01176--006  
\*\*\*\*175.00 z#888175.00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

Yes ☐ No ☐

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-24-96

813-253-0777