


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                     |  |                                                                                   |
|-----------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # N28685                                   |  |  |
| 1. Entity Name<br>YBOR CITY DEVELOPMENT CORPORATION |  |                                                                                   |

08 DEC -8 PM 3:25  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>2015 E. 7TH AVENUE<br>TAMPA, FL 33605 US | Mailing Address<br>2015 E. 7TH AVENUE<br>TAMPA, FL 33605 US |
|-------------------------------------------------------------------------|-------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

12042008 REIN-NP CR2E099 (1/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2943697 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|                                                                                                                      |  |                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>HERNANDEZ, G. J.<br>1715 N. WESTSHORE BLVD<br>TAMPA, FL 33607 |  | 7. Name and Address of New Registered Agent<br>Name <u>H. R. Yturriaga</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>2015 E. 7th Ave</u><br>City <u>TAMPA</u> FL Zip Code <u>33605</u> |  |
|----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 12-4-08

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                                           |                                                                                              |                                                      |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|
| FILE NOW!!! FEE IS \$61.25<br>After January 1, 2009, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                      |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CD<br>SWIAK, VERONICA<br>2202 N. WESTSHORE BOULEVARD<br>TAMPA, FL 33607 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | TD<br>Steve Bird<br>1313 E. 8th Ave.<br>TAMPA FL 33605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>YTURRIAGA, STEVE<br>P. O. BOX 5236<br>TAMPA, FL 33675 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | SD<br>H. R. Yturriaga<br>PO Box 5236<br>Tampa, FL 33675 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>HERNANDEZ, G. J.<br>1715 N. WESTSHORE BLVD<br>TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 200138686312<br>12/08/08--01043--002 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>AMON, JOSEPH<br>3925 COCONUT PALM DRIVE, #115<br>TAMPA, FL 33619 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 12-4-08 813 2747936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR