

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 10 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ON FILE

1. Corporation Name
**CITY OF TAMPA RETIRED FIRE &
POLICE ASSN, INC.**

2. Principal Office Address
201 E. YUKON ST

3. Mailing Office Address
201 E. YUKON ST.

REINSTATEMENT 91-02

Suite, Apt. #, etc.

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City & State
TAMPA, FL.

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TAMPA, FL.

4. Date Incorporated or Qualified
To Do Business in Florida **10-7-88**

5. FEI Number
59-2966075

Applied For
Not Applicable

Zip Country
33603 HILLSBOROUGH

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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **NEW**
JOHN N. PARKER
Street Address (P.O. Box Number is Not Acceptable) **4915 N. MENDENHALL DRIVE**
Suite, Apt. #, Etc.
City **TAMPA** State **FL** Zip Code **33603**

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 *John N. Parker* Date **MAY 6, 2002**
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	SAM SINARDI	416 MONTROSE AVE	TAMPA, FL 33617
SEC	BUD MAXIE	3333 SLIGH AVE	TAMPA, FL 33614
TREA	JOHN PARKER	4915 N. MENDENHALL DR	TAMPA, FL 33603

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 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: *John N. Parker* JOHN N. PARKER 5-6-2002 (813) 876-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #