

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR -3 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33962**

1. Corporation Name

Tampa Foreign Trade Zone Board, Inc.

2. Principal Office Address

401 East Jackson Street

Suite, Apt. #, etc.

Suite 2100

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

P.O. Box 420

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33601

Country

USA

REINSTATEMENT

18-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/28/1989

5. FEI Number

65-0156463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brent Christensen

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

401 East Jackson Street

Suite, Apt. #, Etc.

Suite 2100

City

Tampa

State

FL

Zip Code

33602

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

Brent Christensen

REGISTERED AGENT MUST SIGN

Date 3/28/00

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
C/D	Randy Phillips	100 N. Tampa St., 34th Floor	Tampa, FL 33602
D	Jeanette L. Fenton	2105 N. Nebraska Ave.	Tampa, FL 33602
D	John Thorington	1101 Channelside Dr.	Tampa, FL 33602
D	George Elbe	Tampa International Airport	Tampa, FL
D	Gene Gray	601 E. Kennedy Blvd.	Tampa, FL 33602
D	J. Brent Christensen	401 E. Jackson St., #2100	Tampa, FL 33602

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:

Randy Phillips

(Randy Phillips, Chairman

3/28/00

813/226-1259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE