

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **h34021**

**1. Corporation Name**

The Tampa Bay Male Club

**2. Principal Office Address**

PO Box 340452

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33694

Country

US

**3. Mailing Office Address**

PO Box 340452

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33694

Country

US

**REINSTATEMENT** **0205**

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

09/05/1989

**5. FEI Number**

59-3038370

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

Tony Gamble

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

2224 E. Columbus Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/15/05

**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
President	Earnest Pinder	PO Box 340423	Tampa, Florida 33694
Vice President	Samuel Wright	3445.01 Park Square East	Tampa, Florida 33613
Secretary	Patricia Dawson	800 Kendy Blvd	Tampa, Florida 33602
Treasurer	Tony Gamble	2224 E Columbus Dr	Tampa, Florida 33605

**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:**

*[Signature]* TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/05

Daytime Phone #

813-787-2300

SEP 26 2005  
SEP 26 2005