

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 24 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38229**

1. Corporation Name
**Safari Club International
Tampa Chapter, Inc**

400147028454
03/24/09--01009--012 **848.75

2. Principal Office Address - No P.O. Box #
14502 87th Ave. N.
Suite, Apt. #, etc.

3. Mailing Office Address
same
Suite, Apt. #, etc.

REINSTATEMENT 99-09

City & State
Seminole, FL
Zip
33776 County
Pinellas

City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
5-21-1990

5. FEI Number
593018706 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
John W. Ronolfo, III
Street Address (P.O. Box Number is Not Acceptable)
14502 87th Ave. No
Suite, Apt. #, Etc.
City
Seminole State
FL Zip Code
33776

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 W. Ronolfo, III
REGISTERED AGENT MUST SIGN

Date **3-13-09**

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	Charles Elzer, III	2703 20th Ave. NW	Bradenton, FL 34209
VP	Steve Rabstejnek	401 Chastain Road	Seffner, FL 33584
Treas	Wally Cotton	2868 2nd St. No	St. Petersburg, FL 33704
Secy	Jim Berghorn	1305 Oak Valley Dr.	Seffner, FL 33584
chap liaison	John W. Ronolfo, III	14502 87th Ave. No	Seminole, FL 33776

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 contained in Chapter 119, 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 W. Ronolfo, III** Date **3-13-09** Daytime Phone # **727 692-9483**

2/24/09