## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| 1. Corporation Name GRAY GABLES - BON AIR CIVIC CLUB  2. Principal Office Address 3710 W ROLAND ST. 3710 W ROLAND ST. Suite, Apt. #, etc.  1. Suite, Apt. #, etc.  2. Principal Office Address 3710 W ROLAND ST.  3710 W ROLAND ST.  Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  33609  Country 33609  7. Name and Address of Current Registered Agent  2. Suite, Apt. #, etc.  3. FEI Number 5. FEI Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED  3. Address of Current Registered Agent  3. Suite, Apt. #, Etc.  4. Dete Incorporation of Current Registered Agent  4. Dete Incorporation of Current Registered Agent  4. Dete Incorporation of Current Registered |                             | FILED  05 NOV -3 PH 12: 5  | DEPARTMENT OF STATE<br>Secretary of State<br>SION OF CORPORATIONS   | MENT   | CORPORA<br>REINSTATE   |  |
|--|-----------------------------|--|---|--|--|--|
| 2. Principal Office Address 3710 W ROLAND ST. 3710 W ROLAND ST. Suite, Apt. #, etc.  1. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  3. Mailing Office Address 3710 W ROLAND ST. Suite, Apt. #, etc.  4. Date incorporated or Qualified To be Business in Florida 052990.  2. Principal Office Address of Curifical Tampa, FL  3710 W ROLAND ST.  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  3. Mailing Office Address of Curifical Tampa, FL  3. Suite, Apt. #, etc.  4. Date incorporated or Qualified To be Business in Florida 052990.  3. Mailing Office Address of Curifical Tampa, FL  3. Suite, Apt. #, etc.  3. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  3. Mailing Office Address of Curifical Tampa, FL  3. Suite, Apt. #, etc.  3. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  3. Suite, Apt. #, etc.  3. Suite, Apt. #, et  | ATE                         | SEGNETALY OF STATE<br>FALLAHASSELLT CAD  |   | T # N38354   |  |  |
| 3710 W ROLAND ST.  3710 W ROLAND ST.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State TAMPA, FL  Zip 33609  Country 33609  Country Coun | 908<br>900                  | 9/22/05 0104200  |   |  |  |  |
| City & State TAMPA, FL  Zip 33609  Country 33609  Country Coun | JOH                         | •  |   |  |  |  |
| TAMPA, FL  Zip 33609  Country  Zip 33609  Country  To Name and Address of Current Registered Agent  The Name and Address of Current Registered Age |                             | Incorporated or Qualified o Business in Florida 052990   | etc   | & State AMPA, FL City & State TAMP   |  |  |
| 33609  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Libeling 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  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  Name of Officer and/or Directors  Name of Of  | oplied For<br>ot Applicable | 1027642 H  | <del></del>   |  |  |  |
| State of Part Addresses of Each Officers and/or Directors  Titles  DICK WHEELER RICHARD D, WHEELER  State 35809  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503, F.S.  Signature of Registered Agent 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  Titles  Officers and/or Directors  Titles  Name of Officer and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Directors  Tampa, FL 33609  V/D: MARY JO HATHAWAY  3705 W. PLATT ST.  TAMPA, FL 33609  TAMPA, FL 33609  TAMPA, FL 33609   |                             |  | Country   |  |  |  |
| State Apt. #, Etc.  Thy MPA  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  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officers and/or Directors  Officer and/or Directors  TAMPA, FL 33609  V/D. MARY JO HATHAWAY  3705 W. PLATT ST.  TAMPA, FL 33609  TIMPA, FL 33609  TAMPA, FL 33609  TAMPA, FL 33609   |                             |  |   |  |  |  |
| Suite, Apt. #, Etc.  TAMPA  State  State FL  33609  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  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  PD  DICK WHEELER  3610 W. ROLAND ST.  TAMPA, FL 33609  TIMPA, FL 33609  TAMPA, FL 33609  TAMPA, FL 33609  TAMPA, FL 33609   |                             |  |   |  |  |  |
| TAMPA  State FL  Tip Code State FL  Tip Code |                             |  |   |  |  |  |
| 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 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 Officer and/or Director TAMPA, FL 33609  V/D. MARY JO HATHAWAY 3705 W. PLATT ST. TAMPA, FL 33609  T/D PAULINE S. FARLEY 3710 W ROLAND ST. TAMPA, FL 33609   | 7                           | CMCN   |   |  |  |  |
| Signature of Registered Agent  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  Officers and/or Directors  Officer and/or Director  Officer and/or Director  Officer and/or Director  TAMPA, FL 33609  V/D: MARY JO HATHAWAY  3705 W. PLATT ST.  TAMPA, FL 33609  T/D PAULINE S. FARLEY  3710 W ROLAND ST.  TAMPA, FL 33609   |                             | FL 33609   | -   | /IPA   | Ϊ''AI  |  |
| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director TAMPA, FL 33609  V/D: MARY JO HATHAWAY 3705 W. PLATT ST. TAMPA, FL 33609  T/D PAULINE S. FARLEY 3710 W ROLAND ST. TAMPA, FL 33609  |                             | ·  |   | Richal D. Wheel  | Signature of   |  |
| PD DICK WHEELER 3610 W. ROLAND ST. TAMPA, FL 33609  V/D: MARY JO HATHAWAY 3705 W. PLATT ST. TAMPA, FL 33609  T/D PAULINE S. FARLEY 3710 W ROLAND ST. TAMPA, FL 33609   |                             | iors)  |   | Addresses of Each Officer and/or Director (Flo   | 9. Names and Stree   |  |
| MARY JO HATHAWAY 3705 W. PLATT ST. TAMPA, FL 33609  T/D PAULINE S. FARLEY 3710 W ROLAND ST. TAMPA, FL 33609  |                             | City / State / Zip   |   |  | Titles   |  |
| TÜ PAULINE S. FARLEY 3710 W ROLAND ST. TAMPA, FL 33609   |                             | TAMPA, FL 33609  | 3610 W. ROLAND  | WHEELER  | PD DIC   |  |
| /  |                             | TAMPA, FL 33609  | 3705 W. PLATT S1  | Y JO HATHAWAY  | V/D: MAF   |  |
|  | )                           | TAMPA, FL 33609  | 3710 W ROLAND   | INE S. FARLEY  | T/D PAU  |  |
|  | 9                           | TAMPA, FL 33609  | 3708 W. PLATT S   | TY KELLY   | , ,  |  |
|  |                             |  |   | •  |  |  |
| 10.1 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 it his reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., the 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  O9-20-05  813-875-53  Daytime Phone #  OAULINE S. FARLEY   | at all fees<br>on indicated | ements of section 607.0401 or 617.0401, F.S., that all relation under section 119.07(3)(i), F.S. The information indic -20-05 813-875-5380 | n eliminated, the corporate name satisfies duals listed on this form do not qualify for ave the same legal effect as if made under the | application, the reason for dissolution has bee ration have been paid and the names of indivision true and accurate, and my signature shall be accurate, and my signature shall be accurate. | this reinstatemer<br>owed by the corp<br>on this application |  |