PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 26 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39097

**1.** Corporation Name

Friends of the County Parks and Recreation Department, Inc.

REINSTATEMENT 94-03

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 1101 E. River Cove St. | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tampa FL | City & State |
| Zip: 33604 Country: USA | Zip Country |

**4.** Date Incorporated or Qualified To Do Business in Florida: 7-11-90

**5.** FEI Number: 59-3088915 ☐ 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: Roy Wilcox

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02/12/03--01066--004 **78.50

Street Address (P.O. Box Number is Not Acceptable): 1101 East River Cove St.

Suite, Apt. #, Etc.

City: Tampa | State: FL | Zip Code: 33604

**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: Roy M Wilcox Pres. Date: 2/3/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|---|
| P | Roy Wilcox | D | 13533 Bay Lake Lane | Tampa, FL 33618 |
| VP | Jan Smith | D | 3627 Berger Rd | Lutz, FL 33549 |
| C | [illegible] | D | [illegible] | Tampa, FL 33612 |
| T | Katherine Tabor | D | 4433 Ranchwood Lane | Tampa, FL 33624 |
| B | Dave Braun | D | 510 Robin Hill Circle | Brandon, FL 33510 |
| B | Dianna Cox | D | 11710 Orange Grove Blvd | Tampa, FL 33618 |

**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:** Roy M Wilcox Pres. 2/3/03 813-903-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #