FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 14 PM 1:25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900166207509
01/14/10--01044--018 **131.25

CR2E081 (11/09)

DOCUMENT # N44102

1. Corporation Name

ROTARY CLUB of TAMPA FLORIDA INC

2. Principal Office Address - No P.O. Box #	3. Mailing Address
806 E JACKSON ST	806 E. JACKSON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33602 Country: USA	Zip: 33602 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-0428466 ☐ 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: LINDA THOMAS

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

Suite, Apt. #, Etc.: 806 E JACKSON STREET

City: TAMPA State: FL Zip Code: 33602

☒ 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: Linda Thomas — Date: 1/12/10
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
PRES	LARRY VICKMAN	5323 BAYSHORE BLVD APT E	TAMPA FL 33611
VP	DARREN KIPNIS	313 SEA ISLAND WAY	TAMPA FL 33602
SEC.	LATOUR LAFFERTY	1822 WINN ARTHUR DR	VALRICO, FL 33594
TREAS	LARRY HEILWEIL	7047 BONAVENTURE DR	TAMPA, FL 33607
		REINSTATEMENT 09-10	
		B 1/19/10	

10. E-mail Address: tampa.rotary@verizon.net
(To be used for future annual report notification)

11. 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, I further certify 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: _____ DARREN KIPNIS 1/12/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #