

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 14 PM 4:30

DOCUMENT # N45109

1. Corporation Name

TAMPA BAY CHALLENGERS ASSOCIATION, INC.

WDO-5924

2. Principal Office Address

6509 DOLPHIN COVE

Suite, Apt. #, etc.

City & State

APOLLO BEACH, FLORIDA

Zip

33572

Country

USA

3. Mailing Office Address

6509 DOLPHIN COVE

Suite, Apt. #, etc.

City & State

APOLLO BEACH, FLORIDA

Zip

33572

Country

USA

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

9/12/91

5. FEI Number

59-3083384

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KAREN KRENN

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

6509 DOLPHIN COVE

Suite, Apt. #, Etc.

City

APOLLO BEACH

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-03/22/00--01002--001

****367.50 ****367.50

State

FL

Zip Code

33572

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

Karen Krenn

Date 2-25-00

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
P/D	KAREN KRENN	6509 DOLPHIN COVE	APOLLO BEACH, FL 33572
V/D	KAREN MESTRE	626 CEDAR GROVE DR.	BRANDON, FL 33511
T/D	DANITA DURSO	11705 PALM AVE.	RIVERVIEW, FL 33569
S/D	CAROLYN BUZBEE	405 SILVER HILL	VALRICO, FL 33594

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

Date

813-645-1673

Daytime Phone #