

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N92000000212

1. Corporation Name

THE TAMPA BAY AREA CHAPTER OF THE INTERNATIONAL
SOCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALIS

Principal Place of Business

Mailing Address

702 N. FRANKLIN ST.
TAMPA FL 33602

P.O. BOX 2394
TAMPA FL 33601-2394
US



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/05/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3205131	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	ZARECZNY, THOMAS	100 S. ASHLEY, #1100	TAMPA FL
(D)	Carney, Ann	PO Box 2394	Tampa, FL 33601
*D	HARRIS, GRETCHEN	PO BOX 31328 N/A	TAMPA FL
(D)	SHEESLEY, JAMES A.	12916 DAK SHADOW PL	Tampa FL 33624
D	KRYSTYN, ELIZABETH	5521 W. CYPRESS STREET	TAMPA FL
*D	SIEMERS, RYAN	3030 N. ROCKY PT DR W, STE. 410	TAMPA FL
(D)	HIRES, JEANELLE	1500 N. DALE MABRY	TAMPA FL 33607
*S	COMPTON, WES	3030 N. ROCKY POINT DR. W., STE.	TAMPA FL
(S)	COMPTON, WES	3030 N. ROCKY POINT DR. W., STE.	TAMPA FL 33601

8. Name and Address of Current Registered Agent

HIRES, JEANELLE
1500 N. DALE MABRY
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name
J. Wesley Compton
Street Address (P.O. Box Number is Not Acceptable)
3030 N. Rocky Point Dr. W., Ste. 410
Suite, Apt. #, Etc.
City
Tampa
State
FL
Zip Code
33607

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/24/00

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 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.

AD

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00
Date

(813) 281-0521
Daytime Phone #