PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 JUN 16 AM 8:34

DOCUMENT # N93000000047

1. Corporation Name

SUNSHINE STATE CAMARO CLUB
~~SMALL CAR CLUB~~

2. Principal Office Address - No P.O. Box #
1325 ST. ANDREWS DR.
Suite, Apt. #, etc.
City & State
TAMPA FL.
Zip 33612 Country Hills,

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 12-30-1992

5. FEI Number 59-3160385 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
ALAN D. MARSHALL
Street Address (P.O. Box Number is Not Acceptable)
1325 ST. ANDREWS DR
Suite, Apt. #, Etc.
City TAMPA State FL Zip Code 33612

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06/16/16--01031--003 **10.00 2.50

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 Alan D. Marshall Date 6-14-16
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	ALAN D. MARSHALL	1325 ST. ANDREWS (D)	TAMPA FL 33612
V	TOM PANESANY	6105, ROME-4501 (T)	TAMPA FL 33606
T	ANDREW MARSHALL	10706 N. OREGON (T)	TAMPA FL 33612

10. E-mail Address: A.D.MARSH@YAHOO.COM
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Alan D. Marshall ALAN D. MARSHALL 6-14-16 813.933-2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON