

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 18 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000050**

1. Corporation Name

**INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION,
WEST FLORIDA CHAPTER, INC.**

2. Principal Office Address

P.O. Box 1101

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33601-1101

Country

USA

3. Mailing Office Address

P.O. Box 1101

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33601-1101

Country

USA

REINSTATEMENT 99-00

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

5. FEI Number

59-1933237

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

WALTER J. DYE

800003307918-9

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

38053 LIVE OAK AVE

**06/28/00-01070-005
****297.50 ****297.50**

Suite, Apt. #, Etc.

City

DADE CITY

State

FL

Zip Code

33523

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5-11-2000

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
PD	LANFORD T. SLAUGHTER, JR.	101 E. KENNEDY BLVD. SUITE 2200	TAMPA FL 33602-5141
VD	WALTER J. DYE	38053 LIVE OAK AVE	DADE CITY FL 33523
SD	WILLIE HO	PO BOX 407	LAKELAND FL 33802
TD	RENEE CAMPION	PO BOX 22287	TAMPA FL 33622-2287

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENEE T. CAMPION

Date

5/10/2000 (813) 876-8772

Daytime Phone #