


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # N 94000001137		08 JUN -9 AM 9:31	
1. Corporation Name Tampa Bay Community Development Council, Inc.			
2. Principal Office Address - No P.O. Box # 4909 Wessex Way Suite, Apt. #, etc.		3. Mailing Office Address 4909 Wessex Way Suite, Apt. #, etc.	
City & State Land O'Lakes, FL Zip 34639 Country U.S.		City & State Land O'Lakes, FL Zip 34639 Country U.S.	
4. Date Incorporated or Qualified To Do Business in Florida 3-1-1994		5. FEI Number 000131107540 06/10/08--01031--014 **682.50 CR2E081 (12/07)	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		7. Name and Address of Current Registered Agent Name Jimmy Caldwell Street Address (P.O. Box Number is Not Acceptable) 4909 Wessex Way Suite, Apt. #, Etc. City Land O'Lakes State FL Zip Code 34639	
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 <u>Jimmy R. Caldwell</u> REGISTERED AGENT MUST SIGN Date <u>6-3-08</u>			
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
D	Jimmy R. Caldwell, Sr	4909 Wessex Way	Land O'Lakes, FL 34639
D	J. R. Caldwell, Jr	4909 Wessex Way	Land O'Lakes, FL 34639
D	Bill Jones	1209 Lady Lane DR	VALRICO, FL 33594
STATEMENT 98-08 B 6/10/08			
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 contained in Chapter 119, 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: <u>Jimmy R. Caldwell, Director</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/3/08 Date	352-424-1009 Daytime Phone #