

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003019 95-97

1. Corporation Name  
Tampa Bay Storm Booster Club, Inc.

FILED

97 MAY -5 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1813 Forest Drive 1813 Forest Drive  
Oldsmar, FL 34677 Oldsmar, FL 34677

REINSTATEMENT 95-97

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

2. New Principal Office Address, If Applicable <u>N/A</u>		3. New Mailing Office Address, If Applicable <u>N/A</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>6/15/94</u> <u>mwb</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>		5. FEI Number <u>59-3248815</u>	
City & State <u>N/A</u>		City & State <u>N/A</u>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <u>N/A</u>	Country <u>N/A</u>	Zip <u>N/A</u>	Country <u>N/A</u>	6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Kim Brockman	1813 Forest Drive	Oldsmar, FL 34677
V/D	Alan Penzkofer	9011 Nautilus Circle	Tampa, FL 33635
T/D	Pam Smith	5648 - 63 <sup>RD</sup> Way No.	St. Petersburg, FL 33709
S/D	Barbara Gentry	1735 Montana Ave., NE	St. Petersburg, FL 33703
D	Charlie Crapple	2315 Histon Circle	Palm Harbor, FL 34683
D	Don Hamilton	8451 - 75 <sup>TH</sup> Place North	Seminole, FL 33777
D	Larry & Carrie Morgan	3176 Montrose Place	Palm Harbor 34684

8. Name and Address of Current Registered Agent <u>Kim Brockman</u> <u>5301 W. Cypress Street</u> <u>Suite 202</u> <u>Tampa, FL 33607</u>		9. Name and Address of New Registered Agent Name <u>N/A</u> Street Address (P.O. Box Number is Not Acceptable) <u>N/A</u> Suite, Apt. #, Etc. <u>N/A</u> City <u>N/A</u> State <u>FL</u> Zip Code <u>33607</u>	
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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 Kim Brockman Date 4/21/97  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

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: Alan Penzkofer 4/21/97 813-885-7590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #