PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 22 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004679569--7
-11/14/01--01093--012
****428.75 ****428.75

DOCUMENT # N94000005814

1. Corporation Name
THE TAMPA GALLERY ASSOCIATION
c/o BILLIE COX-GLIMPSE, PRESIDENT
N01000018035

REINSTATEMENT 98-01

2. Principal Office Address	**3.** Mailing Office Address
3508 S. MANHATTAN AVE.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33629 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/21/1994

5. FEI Number: 59-3285029 — 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: BILLIE COX-GLIMPSE REINSTATEMENT 98-01
Street Address (P.O. Box Number is Not Acceptable): 3508 SOUTH MANHATTAN AVE.
Suite, Apt. #, Etc.: LS
City: TAMPA State: FL Zip Code: 33629

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: Billie Cox-Glimpse Date: July 20, 2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	BILLIE COX-GLIMPSE, P	3508 S. MANHATTAN AVE	TAMPA, FL 33629
T	PATT FOSNAUGHT, VP	1185 SHIPWATCH CR	TAMPA, FL 33602
D	DEB STOBERL, T	720 S. DALE MABRY	" " 33609
D	SOPHIA NAKIS, S	100 E. MADISON ST	" " 33602

10. I certify that I am an officer or director of 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: Billie Cox-Glimpse BILLIE COX-GLIMPSE 813-832-2755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7/20/01 — Daytime Phone #