

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000001602

1. Entity Name
TAMPA BAY TECHNICAL HIGH SCHOOL PARENTS
BOOSTER CLUB, INC.



Principal Place of Business
6410 ORIENT ROAD
TAMPA, FL 33610

Mailing Address
6410 ORIENT ROAD
TAMPA, FL 33610

FILED

08 NOV 12 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10162008 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number
59-3330734

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAINES, DERRICK
6410 ORIENT ROAD
TAMPA, FL 33511

Name
Joe Reid

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

6410 Orient Rd

City
Tampa

FL

Zip Code
33610

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/20/08

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BARNES, SANDRA R	
STREET ADDRESS	2336 MERRILY CIR S.	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCANALLEN, REBBECCA G	
STREET ADDRESS	1731 TARAH TRACE DR	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100137844661
11/12/08--01021--013 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra R. Barnes

Sandra R. Barnes

10/20/08

813.314.5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #