PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N95000004875

1. Corporation Name

TAMPA BAY INTERNATIONAL BUSINESS COUNCIL, INC.

Principal Place of Business

Mailing Address

4104 SPARROW CT--LUTZ PL 33549 PLO BOX 340482 -TAMPA FL 33604 FILED

02 DEC 31 AM 9:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

46	REV			METATEMENT 02		
If above addresses are incorrect in any way, line	through incorrect in	nformation and enter	correction below.			
550 N. RAU ST. 550		ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/12/1995		
Suite, Apt. #, etc. SUITR 300 SUIT		TR 300		5. FEI Number 59-0474960		Applied For
City & State City & State TAN City & State TAN		1 PA, FL				Not Applicable
33609 Country USA	3360	7 Country	(A.	1 **	OF STATUS DESIRED 🗆	S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer at	nd/or Director (Flo	rida nonprofit corpora	tions must list at lea	ast 3 directors)	<u> </u>	
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
DT FLEMING, PAY MARIR -CLAUDE RIOUX		4509-GEORGE ROAD % FRAST & YOULD 100 N. TAMPA PR# 2200 TAMPA, FL			TAMPA FL	
DP YOUNG, CORINNE		132 HERON			DAVIS ISLAND FL	
_DP JAMES; RANDY-		4230 S-MACDILL AVE STE K-			TAMPA-FL-83611-	
DV MEITZEN, STEVE		19134 CHERRY ROSE CIR			LUTZ FL 33549	
DS MARTIN, CHELLA CAROL DALIA		4905-COUTH WEST SHORP BLV9 550 W. RE057. # 300			TAMPA FL 33611	
DT WILLIAM D. R.	T WILLIAM D. ROWLAND		2572 MORTH FIBLE CANA		CLEARUA	33761
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
VOSBURGH; PHILIP-L 4104-SPARROW-ET LUTZ-FL 33649 -			Name W/LLIRM S. ROWLAND Street Address (P.O. Box Number is Not Acceptable) 2572 NORTH FIRLS LANS Suite, Apt. #, Etc.			
			City	LUSTO		tate Zip Code

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. or 617.0505, F.S.

SIGNATURE

Signature of Registered Ager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

/2/27/02 (813) 26/-5/28 Date Daytime Phone #

Ju-27,2002

600009751556 12/30/02--01115--018 **236 CR2E040 (8/02)