SE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEAS
APPLICATION
FOR
REINSTATEMENT
DOGUMENT #
1. Corporation Name
TAMPA/ST. PETERS
さきょうりゅう へんしゅうしんり



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

N95000005517

BURG/CLEARWATER INTERNATIONAL A FFAIRS COMMISSION, INC.

Principal Place of Business

Malling Address

7990 114th 401-E-JACKSON STREET

Same As Place P.O: BOX 429 of Business FILED

98 FEB 24 PH 3: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



-TAMPA FL-93602 - Largo, FL 33773							-02/25/9801057015 ****236.25 ****236.25				
If above addresses are incorrect in any way, line through incorrect in								orated or Qualified			
7330 114 AVE IN							To Do Busin	ness in Florida	11/20/199	5	
Suite, Apt. #, etc. Suite, Apt. #, #1				etc.			5. FEI Number			Applied For	
			City & State	2ity & State			-ARPLIED FOR Not Applicable				
Zip 3773 Country USA			Zip Country				CERTIFICATE OF STATUS DESIRED S8.75 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) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director Office Box Numbers				******66******************************			
Đ	RAINEY, CHARLES E - Barbara Sheen Todd				%-P.O. BOX 420 -N/A - 7990 114 Ave.N, #1			TAMPA Ft 33601- Largo, FL 33773			
D	GRECO, M	%-P.O. 86X 420 -N/A 7990 114 Ave. N, #1			#1	TAMPA FL 33601- Largo, FL 33773					
D	DOO &	% P.O. BOX 420 N/A 7990 114 Ave. N, #1			TAMPA FL 33801 Largo, FL 33773						
D	CASTORO	%-P:0.80X420 N/A- 7990 114 Ave. N, #1			TAMPA Ft 33601- Largo, FL 33773						
1	NORMAN, Dottie	%-P:0.86X420 N/A 7990 114th Ave.N, #1			TAMPA FL 33801- Largo, FL 33773						
D	-SEIBERT,-	%-P:O: 80X 420 -N/A-			TAMPA-FL 33601-						
					7990 114 Ave. N, #1			Largo, FL 33773			
	8. Nam	e and Address of Current I	Registered Age	nt		Name	9. Name and	Address of New Registe	red Agent		
EI YNN	, WILLIAM J	1 1 14							011-	98	
501 E. KENNEDY BLVD.					Street Address (P.O. Box Number is No Asset 1						
SUITE 1700 TAMPA FL					Sulte, 2 143						
					City			State Zip Code FL			
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 Date Date											
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)											

12. 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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR