

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -5 AM 10:59

DOCUMENT # N97000005312

1. Corporation Name

Somebody Cares Tampa Bay Inc.

2. Principal Office Address

2111 B 34TH WAY N.  
Largo, FL 33771

3. Mailing Office Address

P.O. BOX 4486  
Clearwater, FL 33758

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Clearwater FL

Zip

33771

Country

USA

Zip

33758

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

9-18-1997

5. FEI Number

59-3470531

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

Joe Van Kovering

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

790 La Plaza Ave S (wk)

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33707

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

Joe Van Kovering

REGISTERED AGENT MUST SIGN

Date 4/3/00

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
Pres.	DANIEL BERNARD D	2069 Plateau Rd.	Clearwater FL 33755
V.P.	DAVID CHEW D	1221 Royal Oak Dr	Dunedin FL 34698
Treas.	WILLIAM I. WOLF T	4677 118th Ave N	CLW FL 33774
Sec.	DON SARBAACHER T	15902 Woodpost Pl	Tampa FL 33624
Mem.	Ken Klassen D	3318 Moran Rd	Tampa FL 33618
Mem.	Joe Brown D	18510 Otterwood Ave	Tampa FL 33647

10. 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)(l), 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:

Daniel G. Bernard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2000 (727)  
536-2273

Date

Daytime Phone #