PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N98000001327

1. Corporation Name

PRIME TIMERS TAMPA BAY, INC.

Principal	Place of	ness

Mailing Address

5150 4TH STREET NORTH SAINT PETERSBURG FL 33703 POST OFFICE BOX 65 DUNEDIN FL 34697-0065



If above a	ddresses are	incorrect in any way, line the	nrough incorrect in	nformation a	nd enter correction below.	02-13-0	101 9002	4 004	\$61.25
New Principal Office Address, If Applicable 9238 N. HYALEAH ROAD Suite, Apt. #, etc.		New Mailing Office Address, If Applicable Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 03/06/1998					
							Applied For		
City & State Tampa, Florida		City & State		59-	3497	33 2	Not Applicable		
Zip _336	17	Country USA	Zip		Country	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requirements for a Certificate of Status			
7. Names a	and Street Ad		d/or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3		City / State / Zip				
D ,	Copthorne, Bill			9238 N Hyaleah Road.		Tampa, Florida, 33617			
D	Parker, Ed			9238 NX Hyaleah Road		Tampa; Florida 33617			
D	Melius, Chuck			9238 N. Hyaleah-Road		Tampa, Florida 33617			
Ρ.	Clark on, Richard			9238 N. Hyaleah Road		Tampa; Florida 33617			

9238 N. Hyaleah Road

9238 N. Hyaleah Road 8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER _ 343 ALMERIA AVENUE CORAL GABLES FL 33134

Crowell Dale

Morton, Daniel

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

9238 N. Hyaleah Road

Suite, Apt. #, Etc.

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Tampa, Florida 33617

Tampa, Florida 33617

Tampa, Florida

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

11. 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.

