

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 11 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006530**

1. Corporation Name

Tampa Bay Lightning Fan Club, Inc

2. Principal Office Address

401 Channelside Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

PO Box 20394

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33622

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1998

5. FEI Number

593542270

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

10/28/03 01043 017 23625
400040083694
08/11/04--01030--005 **70.00

7. Name and Address of Current Registered Agent

Name

Don Hardy

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

6702 Rosemary Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33625

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

Don Hardy

Date

6/22/04

REGISTERED AGENT MUST SIGN

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
PD	Don Hardy	6702 Rosemary Drive	Tampa, FL 33625
VP-PD	Ann Marie Cairo	PO Box 89423	Tampa, FL 33689
VP-MD	Cathy Roach	16504 E. Course Drive	Tampa, FL 33624
VP-OD	Sarah Greenhault	517 Columbia Drive #16	Tampa, FL 33606
VP-PD	Cheryl McCoy	15840 172 St. Road 50	Clermont, FL 34711
VP-FD	Kathy D. Hardy	6702 Rosemary Drive	Tampa, FL 33625

10. I certify that I am an officer or director or the president 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:

Don Hardy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/22/04

Daytime Phone #

813 342 3619

CR2ED81 (01/04)