

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 30 PM 3:29

DOCUMENT #

N-99000002268

1. Corporation Name

Tampa Bay Reads, Inc.

2. Principal Office Address

2610 W. Kennedy Blvd.

3. Mailing Office Address

2610 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL 33609

Zip

33609

Country

Hillsborough

Zip

33609

Country

Hillsborough

REINSTATEMENT

00-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/99

5. FEI Number

59-3572707

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

Renee A. Williams

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

2311 W. Morrison Avenue,

Suite, Apt. #, Etc.

No. 8

City

Tampa

State
FL

Zip Code
33629

300027115693

01/16/04-01063-007 **428 75

300027115693

01/30/04-01063-007 **428 25

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

Renee A. Williams

REGISTERED AGENT MUST SIGN

Date 1/15/04

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
P	Howard Tuuri	2610 W. Kennedy Boulevard	Tampa, FL 33609
VP	Irene Guy	2610 W. Kennedy Boulevard	Tampa, FL 33609
D	Frank Sanchez	1106 W. Coral St.	Tampa, FL 33602

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)(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:

Howard Tuuri

Howard Tuuri

1/15/04

727.579.2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)