
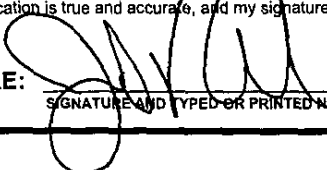


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 JUL -9 PM 12:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>NA9000003608</u>					
1. Corporation Name  TAMPA BAY KICKERS, INC.					
2. Principal Office Address 4219 Carrollwood Vil Dr.		3. Mailing Office Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, Florida		City & State same			
Zip 33624	Country USA	Zip	Country		
		4. Date Incorporated or Qualified To Do Business in Florida 6/11/99			
		5. FEI Number 59-3580680		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name James S. Renaldo					
Street Address (P.O. Box Number is Not Acceptable) 146 Second Street North					
Suite, Apt. #, Etc. Suite 300					
City St. Petersburg				State FL	Zip Code 33701
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 _____				Date July 1, 2003	
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	James S. Renaldo	4219 Carrollwood Vil Dr		Tampa, FL 33624	
D	Jeff Brattain	7502 Castil Place		Tampa, FL 33614	
STD	Susan Cerf	9880 East Bay St.		Seminole, FL 33776	
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: 		JAMES S. RENALDO		7/4/03 813-963-5970	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2ED01 (10/02)

JK 7/10