

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC -3 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11262007 REIN-NP CR2E099 (1/07)
REINSTATEMENT

DOCUMENT # N99000004911 1. Entity Name BAY AREA INTERFAITH-INTERAGENCY NETWORK IN DISASTER, INC.					
Principal Place of Business 5315 VAN DYKE RD. LUTZ, FL 33558			Mailing Address 5315 VAN DYKE RD. LUTZ, FL 33558		
2. Principal Place of Business - No P.O. Box # 1000 N. ASHLEY DR Suite, Apt. #, etc. SUITE 800		3. Mailing Address 1000 N ASHLEY DR Suite, Apt. #, etc. 800			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33602	Country USA	Zip 33602	Country USA	4. FEI Number 59-3594133	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALIVUK, M.RICHARD REV. 5315 VAN DYKE RD. LUTZ, FL 33558			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>M. Richard Malivuk</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLON, STEPHANIE P.O. BOX 13087 ST. PETERSBURG, FL 33733		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 300112790953 12/03/07--01075--005 **236.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETERSON, MARK REV. 2410 ANDALUSIA WAY N.E. SAINT PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, ROGER 2812 8TH ST. N. ST. PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDO, RAY 25941/2 32 AVE. N. ST. PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MACNAMEE, DAVID 817 MANDALAY AVE. CLEARWATER BEACH, FL 33767		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MALIVUK, M.RICHARD 5315 VAN DYKE RD. LUTZ, FL 33558		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>M. Richard Malivuk</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

6 Attached DEC 3 2007