

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 23 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/26/02--01035--029

****900.00 ****900.00

DOCUMENT #

1. Corporation Name

Tampa Bay Associates, Inc.

P 00006052602

2. Principal Office Address

60 Balsam Road

Suite, Apt. #, etc.

N/A

City & State

WAXNB, NEW JERSEY

Zip

07470

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

JONATHAN RUBIN, ESQ.

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

536 Biltmore Way

Suite, Apt. #, Etc.

Quarun & Rubin, P.A.

City

Coast Gables

State
FL

Zip Code

33134

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date 08/22/02

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.D.	Barbara D. Hall	60 Balsam Road WAXNB, NEW JERSEY	WAXNB NEW JERSEY 07470

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:

[Signature] Barbara Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-07-2002

Date

973-839
85-86

Daytime Phone #