

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 JUN -8 AM 8:00

DOCUMENT # 110000104270

1. Corporation Name

BSG OF TAMPA INC.

2. Principal Office Address

4524 Brookwood Dr

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33629

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

REINSTATEMENT 01-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

August 2000

5. FEI Number

59-3680691

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

BRIAN S. GRIEVES

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

4524 Brookwood Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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

Brian S. Grievs

REGISTERED AGENT MUST SIGN

Date

6/5/04

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
PRES.	BRIAN S. GRIEVES	4524 Brookwood Dr	Tampa FL 33629

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:

Brian S. Grievs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/5/04 813-299-5347

Daytime Phone #