

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -6 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027028

1. Corporation Name

TAMPA INVESTMENT GROUP, INC.

REINSTATEMENT 02-03
900010419479
01/22/03--01050--005 **908.75

2. Principal Office Address

1358 Thomaswood Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

Leon

3. Mailing Office Address

1358 Thomaswood Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

Leon

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

3/15/01

5. FEI Number

59-3490255

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

Charles L. Cooper, Jr.

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

1358 Thomaswood Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

REGISTERED AGENT MUST SIGN

Date 2-5-03

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	STEPHEN F. BEEN	1358 THOMASWOOD DRIVE	TALLAHASSEE, FL 32308
S/T	STEPHEN R. BEEN	1358 THOMASWOOD DRIVE	TALLAHASSEE, FL 32308

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.

STEPHEN F. BEEN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03
Date

678-530-0723
Daytime Phone #

2/26/03