

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 SEP 24 AM 11:16

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110015

## 1. Corporation Name

TAMPA BAY METRO, INC.

## 2. Principal Office Address

3902 HENDERSON BLVD 3902 HENDERSON

Suite, Apt. #, etc.

SUITE 100

City &amp; State

TAMPA FL

Zip

33629

Country

US

## 3. Mailing Office Address

3902 HENDERSON

Suite, Apt. #, etc.

SUITE 100

City &amp; State

TAMPA FL

Zip

33629

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/01

## 5. FEI Number

59-3757404

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

STEPHEN PARAG II

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

3902 HENDERSON BLVD

Suite, Apt. #, Etc.

SUITE 100

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

REGISTERED AGENT MUST SIGN

Date 9-22-03

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PSTD   | STEPHEN PARAG II                     | 3214 PALMIRA AVE                                  | TAMPA, FL 33629    |
| VP     | RONDA PARAG                          | 3214 PALMIRA AVE                                  | 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN PARAG II

9-22-03

Date

Daytime Phone #

813-251-8600 x14

CP2E081 (10/02)