

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 15 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004685

1. Corporation Name

LGB Tampa, Inc.

2. Principal Office Address

1522 Firewheel Dr.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33543

Country

USA

3. Mailing Office Address

1522 Firewheel Dr.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33543

Country

USA

REINSTATEMENT

03-06

CR2E081 (12/05)

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

Jan 15, 2002

5. FEI Number

26-0017906

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

Thomas K. Morrison, Morrison & Mills, P.A.

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

1200 W. Platt Street

Suite, Apt. #, Etc.

Suite 100

City

Tampa

State

FL

Zip Code

33606

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**

Thomas K. Morrison

Date

2-9-06

REGISTERED AGENT MUST SIGN

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
PD	Paul H. Baraldi	1418 Highwood Place	Wesley Chapel, FL 33543
			000066133430
			02/17/06--01030--014 **1200.00

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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

2/9/06

Date

Daytime Phone #