

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000113021

1. Corporation Name

Tampa Capital Partners, Inc.

2. Principal Office Address

1721 E. Fowler Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33612

Country

USA

3. Mailing Office Address

1721 E. Fowler Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33612

Country

USA

REINSTATEMENT

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

5. FEI Number

36-4510473

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

3-5-04 01036 009 \$150.00

03-04

7. Name and Address of Current Registered Agent

Name

Travis Ward

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

1721 E. Fowler Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

100034811801
04/30/04--01019--013 **150.00

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

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	Travis Ward	1721 E. Fowler Avenue	Tampa, Florida 33612
VP	Bradley Hutchinson	1721 E. Fowler Avenue	Tampa, Florida 33612

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRAVIS WARD

Date

Daytime Phone #

813 972-3244

CR2E081 (01/04)

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2 of 2

TAMPA CAPITAL PARTNERS, INC.
1701 E. Fowler Avenue
Tampa, Florida 33612

March 2, 2004

Florida Department of State
Division of Corporations
400 E. Gaines Street
Tallahassee, Florida 32399

Gentlemen:

With this letter we enclose a Corporation Reinstatement Application to reinstate the Tampa Capital Partners, Inc corporation in the State of Florida. As indicated on your telephone answering message board we are submitting a check herewith in the amount of \$150.00 to reinstate this corporation. It is a new corporation in this state and the officers did not receive an Annual Report Notice for 2003, we assume because it was such a new corporation and therefore reinstatement is necessary at this time, so we can do 2004.

Thank you in advance for your help in this matter.

Sincerely,

Travis Ward, President