

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000091726

**Entity Name:** TAMPA FIVE, INC.

**FILED**  
**Jun 20, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

4875 FLAMINGO ROAD  
TAMPA, FL 33611

**New Principal Place of Business:**

3609 W WATROUS AVE  
TAMPA, FL 33629

**Current Mailing Address:**

4875 FLAMINGO ROAD  
TAMPA, FL 33611

**New Mailing Address:**

3609 W WATROUS AVE  
TAMPA, FL 33629

**FEI Number:** 26-0730445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINARDI, DARRYL K  
4875 FLAMINGO ROAD  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

MINARDI, DARRYL K  
3609 W WATROUS AVE  
TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARRYL K MINARDI

06/20/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MINARDI, SHANNON  
Address: 3609 W WATROUS AVE  
City-St-Zip: TAMPA, FL 33629

Title: VP  
Name: MINARDI, DARRYL K  
Address: 3609 W WATROUS AVE  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANNON D MINARDI

P

06/20/2013

Electronic Signature of Signing Officer or Director

Date