

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR -4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA4000015189

1. Corporation Name
AC OF Tampa Bay, INC.

REINSTATEMENT AD
96-97

Principal Place of Business Mailing Address
3603 W. WATER'S AVE
Tampa FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable Same as above
3. New Mailing Office Address, if Applicable Same as above

Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida February 24, 1994

5. FEI Number 593229227
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<u>President</u>	<u>Cam m. Rowell</u>	<u>3603 W. WATER'S AVE</u> <u>Tampa, FL 33614</u>	<u>Tampa, FL 33614</u>
<u>Secretary</u>	<u>Joseph m. Davis</u>	<u>3333 W. Kennedy Blvd</u> <u>Suite 102</u>	<u>Tampa, FL 33609</u>
<u>V. President</u>			

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-04/08/97--01031--019
***\$28.75 ***\$28.75

8. Name and Address of Current Registered Agent
Cam m. Rowell
1608 Glen Oak Lane
Lutz, FL 33549

9. Name and Address of New Registered Agent
Name Cam m. Rowell
Street Address (P.O. Box Number is Not Acceptable) 1608 Glen Oak Lane
Suite, Apt. #, Etc.
City Lutz State FL Zip Code 33549

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] Date 4-1-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Cam m. Rowell [Signature] 4-1-97 813-948-6518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)