

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 20 AM 10:30

DOCUMENT # P95000063959

1. Corporation Name

TAMPA CONVENTION HOTEL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

442 W. KENNEDY BLVD., STE. 200  
TAMPA FL 33606

442 W. KENNEDY BLVD., STE. 200  
TAMPA FL 33606



REINSTATEMENT 96-02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
D/P	HUMPHRIES, III, WILLIAM F	2521 W. MARYLAND ST., UNIT B	TAMPA FL 33629
<del>D/P</del>	<del>BERNARD, JOHN</del>	<del>3400 W. BAYVIEW BLVD., #200</del>	<del>APT. 200 TAMPA FL 33609</del>
D/S	WALKER, TODD F	120 S. HALE ST.	TAMPA FL 33609
D/T	BERGIN, ED	4913 PILGRIMS PATHWAY	TAMPA, FL. 33611

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, TODD F

442 W. KENNEDY BLVD., STE. 200  
TAMPA FL 33606

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/14/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-14-00

Daytime Phone #

813-882-6567

CR2E040 (7/96)