

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 10 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000090368**

1. Corporation Name

EMPIRE OF TAMPA BAY, INC.

Principal Place of Business

533 SOUTH HOWARD AVE.
TAMPA FL 33606
US

Mailing Address

533 S. HOWARD AVE.
TAMPA FL 33606
US



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

2. New Principal Office Address, If Applicable

533 S. Howard Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
10

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33606

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1996

5. FEI Number

59-3408255

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
P	TOMPKINS, JESSICA	533 S. HOWARD AVE	TAMPA FL
VP	TOMPKINS, JOHNESSA	533 S. HOWARD AVE	TAMPA FL
S	WALLACE, ERIKA	533 S. HOWARD AVE	TAMPA FL

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-01/21/00--01067--019

*****300.00 *****300.00

99-00 AR TS

8. Name and Address of Current Registered Agent

TOMPKINS, JESSICA
533 S. HOWARD AVE.
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

Jessica Tompkins

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

3916 Sunn

Suite, Apt. #, Etc.

Tampa FL 33609

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 11-9-99

11. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-99

Date

Daytime Phone #

Jan. 4, 2000

To: Devisions of Corporations
Annual report/reinstatement section
P.O. Box 6327
Tallahassee AL 32314

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From: Saho Spa
533 S. Howard Ave #10
Spa AL 33606

To whom it may concern:

Enclosed is a check for \$300.⁰⁰ for
our corporate reinstatement. I am
asking you to waive our penalty fees
because the address on our records does
not have suite 10 on it and we have
not received any of your correspondence
until now.

Sincerely,
Joseph Thompson
