ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000102563

1. Corporation Name

SIGNATURE:

TAMPA BAY MANAgement AND

on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

FILED

00 MAR -6 PM 2:55

SECSETARY OF STATE TALLIAMASSEE. PURTUA

727-321-094

Daytime Phone #

	INVESTMENTS, -	<i>L 7</i> <b>4C.</b>		
2. Princip 354 Suite, Apt.	pal Office Address  10-5 B Ave N.  #, etc.	3. Mailing Office Address 3540-5 Am N. Suite, Apt. #, etc.	REINSTATEMENTE	W
· · ·			4. Date Incorporated or Qualified  To Do Business in Florida  To 20 196	21
√ιὑ	Petersburg Fla  713 Country  45A	City & State States burg - Flag Zin 3713 Country USA	5. FEI Number App	Applicable Fee required
		7. Name and Address of Current Reg		1/2007/19/19
	Name  Obert  Street Address (P.Q. Box Number is No	H- Gooksey		
	Suite, Apt. #, Etc.	Ave N.	8U0U03172048- -03/16/00010230 ***1050.00 ***105	₩`~
	City St- Peters	burg	State Zip Code FL 33713	
8. I, bein Signature Registered	of A	ve named corporation, am familiar with and accept	the obligations of section 607.0505 or 617.0503, F.S.  Date 3-2-2000	
<b>9.</b> Name	es and Street Addresses (Each Officer and	Vor Director Elorida nonprofit corporations must lis	t at least 3 directors)	
Titles	Name of Officers and/or Directors	Street Address of Officer and/or Di	irector City / State / Zip	
D _	D. Robert H.	Cooksey 3540-56An		1.
<i>ک/</i> ۷	D. KAREN COO	Ksey 3540-5th A	we.N. St. Retlæsburg, Fla.	33713
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