

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017965

1. Corporation Name

Trading Places of Tampa, Inc.

2. Principal Office Address

595 W. Summerlin St

Suite, Apt. #, etc.

City & State

Bartow, FL

Zip

33830

Country

POLK/USA

3. Mailing Office Address

595 W. Summerlin St

Suite, Apt. #, etc.

City & State

Bartow, FL

Zip

33830

Country

POLK/USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2-21-97

5. FEI Number

59-3434446

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Carey K. Whitson

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

835 Lila St

Suite, Apt. #, Etc.

City

Bartow

State

FL

Zip Code

33830

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Carey K. Whitson

Date 4-24-01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Carey K. Whitson	809 Ginterbrooke Dr.	Brandon, FL 33511
V.P.	Carey K. Whitson	835 Lila St	Bartow, FL 33830

REINSTATEMENT

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10. 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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Carey K. Whitson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

863-519-9049

Daytime Phone #

CR2E081 (9/00)