

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **298000017936**

1. Corporation Name

**TAMPA BAY HEARING INC.**

Principal Place of Business

**25316 TRADEWINDS DR  
LAND O LAKES FL 34639  
US**

Mailing Address

**25316 TRADEWINDS DR  
LAND O LAKES FL 34639  
US**



If above addresses are incor

any way, line through incorrect information and enter correction below.

2. New Principal Office Address:

Suite, Apt. #, etc.

City & State

Zip

Cour

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/23/1998**

5. FEI Number

**65-0852962**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75** Additional Fee required  
for a Certificate of Status

7. Names and Street Address

Title(s)

1

2

P

**MURPHY, DAVID**

TS

**MURPHY, NENA**

Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)  
2. Directors

3

Street Address of Each  
Officer and/or Director

**25316 TRADEWINDS DR**

**25316 TRADEWINDS DR**

4 City / State / Zip

**LAND O LAKES FL 34639**

**LAND O LAKES FL 34639**

**700008563967  
10/24/02--01029--007 \*\*158.75**

8.

Current Registered Agent

**MURPHY, DAVID L  
25316 TRADEWINDS  
LAND O LAKES FL 346**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the regis

**DAVID**

of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**NOT REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-22-02**

11. I certify that I am an officer or  
this reinstatement applicatio  
owed by the corporation hav  
on this application is true an

**DAVID**

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  
or dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees  
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  
my signature shall have the same legal effect as if made under oath.

**R PHY, PRESIDENT**

**NOT REQUIRED**

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-22-2002 813-973-3576**

Date

Daytime Phone #

CR2E040 (8/02)

**Tampa Bay HomeBuyers, Inc.**  
**25316 Tradewinds Drive**  
**Land O Lakes, FL 34639-5505**  
**813-973-3576**

22 October, 2002

Florida Department of State  
Jim Smith, Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sir,

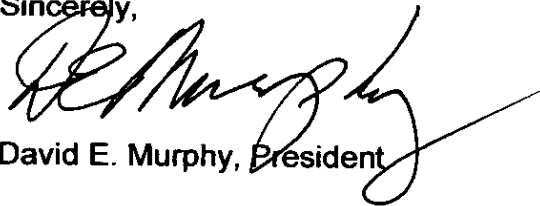
It was a considerable shock to receive the notice of dissolution of Tampa Bay Home Buyers, Inc., # P98000017936.

I definitely did not receive the two prior UBR notices.

Please reinstate.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "David E. Murphy", with a long, sweeping horizontal stroke extending to the right.

David E. Murphy, President