PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 19 AM 10:42

DOCUMENT # P98000017950

1. Corporation Name TROIKA OF TAMPA BAY, INC.

99-00

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
750 Starkey Road	750 Starkey Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, Florida 33770	City & State: Largo, Florida 33770
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: February 24, 1998

5. FEI Number: 59-3509826 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael J. Moses, II

Street Address (P.O. Box Number is Not Acceptable): 750 Starkey Road

Suite, Apt. #, Etc.:

City: Largo | State: FL | Zip Code: 33770

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: _____ Date: 8/31/00

REGISTERED AGENT MUST SIGN

CR2E061 (9/99)

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
PSTD	Michael J. Moses, II	750 Starkey Road	Largo, Florida 33770

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 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: _____ 8/31/00 727-585-7381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations

2 2

Attachment
P98000017958

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

CORPORATION REINSTATEMENT

TROIKA OF TAMPA BAY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75

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