

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 28 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023879

1. Corporation Name

Tampa Bay's Best Publicatons and Productions, Inc.

2. Principal Office Address

5915-K, Memorial Highway

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

USA

3. Mailing Office Address

5915-K, Memorial Highway

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified

To Do Business in Florida 3-12-98

5. FEI Number

59-3531645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randall Reeder

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

5915-K, Memorial Highway

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

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

*Randall Reeder*  
REGISTERED AGENT MUST SIGN

Date

5/25/04

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
P D S	Gregory L. Snow	5915-K, Memorial Highway	Tampa, FL 33615

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05/28/04--01003--016 \*\*1050.00

*GR 6/3*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gregory L. Snow*

Date

5/25/04

Daytime Phone #

83  
2499008

CR2E081 (01/04)