

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -6 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000089340**

1. Corporation Name

TAMPA BAY KIDS Net, Inc.

2. Principal Office Address

2555 ENTERPRISE ROAD

Suite, Apt. #, etc.

Unit 15

City & State

CLEARWATER, FL

Zip

33763

Country

USA

3. Mailing Office Address

2555 ENTERPRISE RD

Suite, Apt. #, etc.

UNIT 15

City & State

CLEARWATER, FL

Zip

33763

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/2000

5. FEI Number

59-3613547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

J. Robert McCormack

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

2555 ENTERPRISE ROAD

Suite, Apt. #, Etc.

UNIT 15

City

CLEARWATER

State

FL

Zip Code

3433763

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

REGISTERED AGENT MUST SIGN

Date

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
PSD	CRISTINA McCORMACK	624 SEDGEWICK WAY	PAUM HARBOR FL 34683
VTD	J. Robert McCormack	624 SEDGEWICK WAY	PAUM HARBOR FL 34683

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:

J. Robert McCormack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

727-796-7666

Daytime Phone #

CR2E081 (01/05)