

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 17 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S16911

1. Corporation Name

MP OF TAMPA, INC.

2. Principal Office Address

11015-A N. Dale Mabry Hwy

Suite, Apt. #, etc.

City & State

Tampa FL 33618

Zip

33618

Country

USA

3. Mailing Office Address

11015-A N. Dale Mabry Hwy

Suite, Apt. #, etc.

City & State

Tampa FL 33618

Zip

33618

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/14/90

5. FEI Number

59-3047054

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

Thomas J. Murphy

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

11015-A N. Dale Mabry Hwy

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

50000322585-1

-04/25/00--01023--003

***1050.00 ***1050.00

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 4/15/2000

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
D/P	Thomas J. Murphy	10503 Sago Road	Tampa FL 33618-4022

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:

Thomas J. Murphy

President

4/15/2000

813-269-0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E081 (9/99)