

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 23 AM 12:40

DOCUMENT # **h34021**

1. Corporation Name
The Tampa Bay Male Club

2. Principal Office Address
PO Box 340452
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 340452
Suite, Apt. #, etc.

REINSTATEMENT 0205

City & State
Tampa, Florida
Zip
33694 Country
US

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Tampa, Florida
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US

4. Date Incorporated or Qualified To Do Business in Florida **09/05/1989**

5. FEI Number **59-3038370** 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 **Tony Gamble**
Street Address (P.O. Box Number is Not Acceptable) **2224 E. Columbus Dr**
Suite, Apt. #, Etc.
City **TAMPA** State **FL** Zip Code **33605**

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 **[Signature]** Date **9/15/05**
REGISTERED AGENT MUST SIGN

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
President	Earnest Pinder	PO Box 340423	Tampa, Florida 33694
Vice President	Samuel Wright	3445.01 Park Square East	Tampa, Florida 33613
Secretary	Patricia Dawson	800 Kandy Blvd	Tampa, Florida 33602
Treasurer	Tony Gamble	2224 E Columbus Dr	Tampa, Florida 33605

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09/23/05--01042--014 **420.00

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]** **Treasurer** Date **9/15/05** Daytime Phone # **813-787-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B Mitchell SEP 26 2005