



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N34021 1. Entity Name THE TAMPA BAY MALE CLUB, INC.	
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Principal Place of Business POST OFFICE BOX 340452 TAMPA, FL 33694 US	Mailing Address POST OFFICE BOX 340452 TAMPA, FL 33694 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

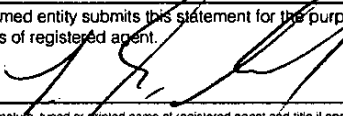
FILED
08 MAR 11 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


REINSTATEMENT 07-08
 03042008 REIN-NP CR2E099(1707)

6. Name and Address of Current Registered Agent GAMBLE, TONY 2224 E. COLUMBUS DRIVE TAMPA, FL 33605	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 59-3038370	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 3/4/08

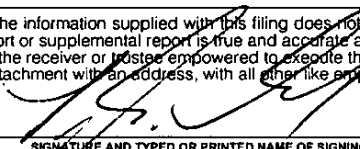
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PINDER, EARNEST POST OFFICE BOX 340423 TAMPA, FL 33694	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: large;">200119863488</div> 03/11/08--01005--013 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREASURER <input type="checkbox"/> Delete WRIGHT, SAMUEL ANTONIO BROOKINS 3446-01 PARK SQUARE EAST 3505 E 27 TAMPA, FL 33613 33605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DAWSON, PATRICIA 800 KENDY BLVD. TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete GAMBLE, TONY 2224 E COLUMBUS DRIVE TAMPA, FL 33605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: large;">\$73/12</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 3/4/08

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