


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED 97 MAY 15 AM 8:37 SECRETARY OF STATE TALLAHASSEE FLORIDA</p>																								
<p>DOCUMENT # <u>NO3095</u></p> <p>1. Corporation Name United Civic Organization of Tampa, Inc.</p>		<p>REINSTATEMENT</p> <p style="font-size: 2em; font-weight: bold;">9499</p>																								
<p>Principal Place of Business Centro Asturiano Club 1913 Nebraska Avenue Tampa, Florida 33602</p> <p style="text-align: right;">Mailing Address <u>197-10284</u></p>																										
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																										
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																								
		<p>4. Date Incorporated or Qualified To Do Business in Florida March, 1951</p>																								
		<p>5. FEI Number 59-1989116</p>																								
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 8675 Additional Fee required for a Certificate of Status</p>																								
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:40%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Mario Tamayo <i>D</i></td> <td>8722 Osage Drive Presbyterian Apts.</td> <td>Tampa, FL 33634</td> </tr> <tr> <td>V.P.</td> <td>Gus Gomez <i>D</i></td> <td>2909 Barcelona</td> <td>Tampa, FL 33629</td> </tr> <tr> <td>Sec'y</td> <td>Frank A. Gonzalez <i>D</i></td> <td>8214 Sunnyslope Dr.</td> <td>Tampa, FL 33615</td> </tr> <tr> <td>Treas</td> <td>Carlos D. Gonzalez <i>D</i></td> <td>1205 N. Matanzas</td> <td>Tampa, FL 33607</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">600002188446--9 -05/22/97--01103--003 ****420.00 ****420.00</td> </tr> </tbody> </table>			Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Pres.	Mario Tamayo <i>D</i>	8722 Osage Drive Presbyterian Apts.	Tampa, FL 33634	V.P.	Gus Gomez <i>D</i>	2909 Barcelona	Tampa, FL 33629	Sec'y	Frank A. Gonzalez <i>D</i>	8214 Sunnyslope Dr.	Tampa, FL 33615	Treas	Carlos D. Gonzalez <i>D</i>	1205 N. Matanzas	Tampa, FL 33607				600002188446--9 -05/22/97--01103--003 ****420.00 ****420.00
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<p>8. Name and Address of Current Registered Agent</p>		<p>9. Name and Address of New Registered Agent</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name Walter M. Lopez, Jr.</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 3800 Bay to Bay Boulevard</td> </tr> <tr> <td colspan="2">Suite, Apt. #, Etc. Suite 11</td> </tr> <tr> <td>City Tampa</td> <td>State Zip Code FL 33629</td> </tr> </table>	Name Walter M. Lopez, Jr.		Street Address (P.O. Box Number is Not Acceptable) 3800 Bay to Bay Boulevard		Suite, Apt. #, Etc. Suite 11		City Tampa	State Zip Code FL 33629																
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<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent: <i>Walter Lopez</i> REGISTERED AGENT MUST SIGN</p> <p>Date: April 24, 1997</p>																										
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																										
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>MARIO J. TAMAYO</p> <p>SIGNATURE: <i>Mario J. Tamayo</i></p> <p style="text-align: right;">Date: 4-24-97 Daytime Phone #: 237-1144</p>																										

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