

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 20 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26794

1. Corporation Name

Old Seminole Heights Neighborhood
Association, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

P.O. Box 360022

3. Mailing Office Address

P.O. Box 360022

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33673

Country

USA

Zip

33673

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/1988

5. FEI Number

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

William R. Hunter

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

202 E. North St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

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

William R. Hunter

Date

12-10-04

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
Pres	Randy Baron	217 W. Comanche Ave Tampa FL 33604	Tampa FL 33604
VP	William R. Hunter	202 E. North St	Tampa FL 33604
Trea.	Susan W. Long	921 E. Broad St	Tampa FL 33604
Sec	Christy Foreman	1203 E. Henry Ave	Tampa FL 33604
Trustee	Doreen Di Bona	203 W. Powhatan Ave	Tampa FL 33604
Trustee	Steve Gluckman	5114 N. Suwanee Ave	Tampa FL 33603

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:

Randy Baron

Randy Baron

12/10/04

(813) 234-9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)



Old Seminole Heights Neighborhood Association, Inc.

December 10, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
04 DEC 20 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Document # N26794

To whom it may concern:

This letter is to advise you that Old Seminole Heights Neighborhood Association did not receive a renewal notice for the 2003 annual report fee. Enclosed is a check in the amount of \$122.50 to cover the fees for 2003 and 2004 along with a completed application for reinstatement. Thank you for your attention to this matter.

Sincerely,

Randy Baron
President
Old Seminole Heights Neighborhood Association