

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 28 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026184

1. Corporation Name

Single Parents Corporation

Principal Place of Business

Mailing Address

2206 East 32nd Ave. #371
Tampa, FL. 33610

REINSTATEMENT 96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

3410 Sand Dune Lane

4. Date Incorporated or Qualified To Do Business in Florida

03-31-1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3350932

Applied For

Not Applicable

City & State

Tampa, FL.

City & State

Tampa, FL.

Zip

33610

County

Hillsborough

Zip

33605

County

Hillsborough

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
C,D	Valerie Dove	2206 - E. 32 nd Ave. #371	Tampa, FL. 33610
M,P	Bessie Louise Livingston	3410 Sand Dune Lane	Tampa, FL. 33605
S,D	Telecia Tucker	2210 E. 32 nd Ave. #385	Tampa, FL. 33610
D,T	Brenda Thomas	3415 Sand Dune Lane	Tampa, FL. 33605
D	Evelyn Carter	2210 E. Lake Ave. #551	Tampa, FL. 33610
V,P	Jammie Armstrong	2002 E. Osborne Ave.	Tampa, FL. 33610

8. Name and Address of Current Registered Agent

Brenda J. THOMAS
2277 1/2 E. Osborne Ave #45
Tampa, FL. 33610

9. Name and Address of New Registered Agent

Name: Valerie Dove
Street Address (P.O. Box Number is Not Acceptable): 2206 E. 32nd Ave. #371
Suite, Apt. #, Etc.: 900002607319--8
City: Tampa
State: FL
Zip: 33610

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.

Signature of Registered Agent

Valerie Dove

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Bessie Louise Livingston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-626-8332

Daytime Phone #

CPREC-040 (1-98)