

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 21 PM 3:53

DOCUMENT # 760814

1. Corporation Name

TAMPA ORGANIZATION OF BLACK AFFAIRS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 3485
TAMPA FL 33601-3485

POST OFFICE BOX 3485
TAMPA FL 33601-3485



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

REINSTATEMENT

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2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-8171047

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	
1	2	3	4
D	WHITE, ANDREA	3321 N. 22ND ST.	TAMPA FL
D	ANTHONY, YOLANDA	2415 RIVERSIDE DR.	TAMPA FL
D	KNOWLES, WILLIAM	206 N. HABANA	TAMPA FL
D	RHODES, JEFFREY	2820 N. ROME AVE.	TAMPA FL
D	ANTHONY, KEN	1101 N HOWARD AVE	TAMPA FL 33607

8. Name and Address of Current Registered Agent

ANTHONY, KEN
1101 N HOWARD AVE
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ken Anthony
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/15/00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ken Anthony
Yolanda Y. Anthony
Finance

Date

12/15/00

Daytime Phone #

813-251-8685