

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 701229

1. Corporation Name

CARROLLWOOD CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3515 MCFARLAND RD.

3515 MCFARLAND RD.

TAMPA, FL 33618-3921

TAMPA, FL 33618-3921

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/22/1960

5. FEI Number

59-1025238

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BOBBI TAMAN	10920 JUNIPERUS PLACE	TAMPA, FL 33618
VD	SPENCER TYRRELL	3012 SABAL ROAD	TAMPA, FL 33618
TD	SUSAN COX	3310 VALENCIA RD.	TAMPA, FL 33618
SD	JUDITH SHARGAA	11709 PHOENIX CIRCLE	TAMPA, FL 33618
REINSTATEMENT 13. 12/10/98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MRS. BOBBI TAMAN

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

10920 JUNIPERUS PLACE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33618

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/16/98

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:

*[Signature]*

BOBBI TAMAN

11/16/98

(813) 931-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)