PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JAN 30 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # 705183

1. Corporation Name
South Pasadena Civic Association

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7047 Sunset Dr S.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
South Pasadena, Fl.	
Zip / Country	Zip / Country
33707 / Pinellas	

4. Date Incorporated or Qualified To Do Business in Florida: 2/11/1963

5. FEI Number: 59-2018795 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Agnes Stebelton
Street Address (P.O. Box Number is Not Acceptable): 1868 Shore Dr. So
Suite, Apt. #, Etc: #311
City: South Pasadena | State: FL | Zip Code: 33707

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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: Agnes Stebelton (REGISTERED AGENT MUST SIGN) Date: 1/27/13

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
P/D Pres	Fred Held	7700 Sunt Island Dr. #601	South Pasadena, Fl. 33707
S/D Sec.	Elaine Crowley	1405 Corey Way S.	South Pasadena, Fl. 33707
T/P	Agnes Stebelton	1868 Shore Dr. So #311	South Pasadena, Fl. 33707
			S. HAWKES
	REINSTATEMENT 2010-13		FEB - 2013
			EXAMINER

10. E-mail Address: cityclerk@ci.south-pasadena.fl.us (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Agnes Stebelton Agnes Stebelton 1/27/13
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)