

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Py 1683

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 24 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705694

1. Corporation Name

Mental Health Association of Greater
Tampa Bay, Inc

2. Principal Office Address

2735 Whitney Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

14007 Lake Magdalene Blvd
Suite, Apt. #, etc.

City & State

Clearwater, FL.

City & State

Tampa, FL.

Zip

33760

Country

Pinellas

Zip

33618

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

1952

5. FEI Number

59-0859886

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

Richard B. Wagner

600038396486

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

14007 Lake Magdalene Blvd.

06/29/04--01003--009 **131.25

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

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

Richard B. Wagner

REGISTERED AGENT MUST SIGN

Date June 3, 2004

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
<u>N.P.</u>	<u>Nancy Corine</u>	<u>2735 Whitney Rd.</u>	<u>Clearwater, FL. 33760</u>
<u>Sec.</u>	<u>Dianne Clarke</u>	<u>6655 66th St. North</u>	<u>Pinellas Park, FL. 33761</u>
<u>Bd.</u>	<u>Mac Jacobs</u>	<u>1501 S. Belcher Rd Ste. B-4</u>	<u>Largo, FL.</u>
<u>Bd</u>	<u>Michelle Bain</u>	<u>4770 140th Ave North</u>	<u>Clearwater, FL. 33762</u>
<u>Member</u>		<u>Ste. 406</u>	

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:

Richard B. Wagner Richard B. Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-04

Date

(813) 695-5490

Daytime Phone #

CR2E081 (10/02)

TL



**Mental
Health
Association of
Greater Tampa Bay, Inc.**

TM

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

To whom it may concern:

I am writing to request a waiver for the reinstatement penalty fees of \$175.00 for private non-profit organizations. Our office has had to move twice in one and a half years and has probably not gotten the renewal forwarded to our new location. Additionally, as the new President of the organization, I am gradually familiarizing myself to the regulatory requirements that accompany my new position on the Board.

I have enclosed a check, in the amount of \$122.50, for the time we are showing as being dissolved with your office. As I have followed the instructions given to me by a representative in the Division of Corporation's office, however, if there is anything I have overlooked, please call me on my cell phone at (813) 695-5490.

Again, I apologize for any delinquencies caused by the Mental Health Association of Greater Tampa Bay and will due my best not to have any reoccurrences in the future. I thank you in advance for your consideration of this matter.

Sincerely,

Richard B. Wagner

Richard B. Wagner, Pres.
Mental Health Assoc. of
Greater Tampa Bay



FROM : MARTHA E. BROWN, MD

FAX NO. : 813-994-8263

Jun. 25 2004 08:40AM P1

P2 383

14007 Lake Magdalene Blvd. Tampa, FL 33618 fax 813/908-7176

**Mental Health
Association of
Greater Tampa Bay**

Fax

To:	Tina Roberts	From:	Rick Wagner, Pres.
Fax:	(850) 245-8017	Pages:	1
Phone:	(850) 245-6892	Date:	6/25/2004
Re:	Corporation Reinstatement #705694	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Per our conversation this afternoon, and as a supplement to my letter of request of June 3, 2004, I am faxing you additional information needed to complete our organization's Corporate Reinstatement form. We did not receive the 2003 filing form from the Florida Department of State, Secretary of State—Division of Corporations because of the relocation of the Mental Health Association of Greater Tampa Bay's operations. Please accept this additional information to reinstate our Organization along with the requested waiver of the penalty fees. For future correspondence, please use the mailing office address listed on the reinstatement form (3).

If you have any questions, you can reach me at (813) 695-5490. Thanks again for your consideration in this matter.