

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 OCT 17 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 730494

1. Corporation Name

Spiritual Assembly of the Baha'is  
of TAMPA, Florida, INC

2. Principal Office Address

15903 Chesterfield Ct

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33647

Country

U.S.

3. Mailing Office Address

15903 Chesterfield Ct

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33647

Country

U.S.

REINSTATEMENT

04-05

4. Date Incorporated or Qualified  
To Do Business in Florida

8/21/1974

5. FEI Number

362170876

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

Norma Hemmat

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

15926 Dawson Ridge Dr.

Suite, Apt. #, Etc.

500060868595

10721705--01056--005 \*\*297.50

City

TAMPA

State

FL

Zip Code

33647

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

*Norma Hemmat*

REGISTERED AGENT MUST SIGN

Date 8/31/05

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
CD	TRISHA L. IRONS	4711 Estrella St.	TAMPA, FL 33629
S	NORMA HEMMAT	15926 Dawson Ridge Dr.	TAMPA, FL 33647
VCD	FARAH KHOESAUDIAN-SANCHEZ	15903 Chesterfield Ct.	TAMPA, FL 33647
T	GARY ALEXANDER	4711 Estrella St.	TAMPA, FL 33629

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)(f), 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:

*Gary Alexander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/05

Date

8132868595

Daytime Phone #

101200