

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR 16 PM 12:40
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730920

1. Corporation Name

PARENTS WITHOUT PARTNERS
GASPARILLA CHAPTER NO. 620, INC.

400098051164
04/24/07--01008--008 **183.75

2. Principal Office Address - No P.O. Box #

16596 Northdale Oaks Dr

Suite, Apt. #, etc.

City & State

Tampa, FLORIDA

Zip

33624

Country

Hillsborough

3. Mailing Office Address

P.O. Box 47375

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33647

Country

HILLSBOROUGH

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

10-14-1974

5. FEI Number

23-7267772

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

JENNIFER CRAY

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

16596 NORTHDAL OAKS DR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jennifer Cray

REGISTERED AGENT MUST SIGN

Date 3-15-2007

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 |
|--------|-----------------------------------|--|--------------------|
| PD | JENNIFER CRAY | 16596 NORTHDAL OAKS DR | TAMPA, FL 33624 |
| VD | RICHARD SCHOMP | 1000 MICHIGAN DRIVE W. | DUNEDIN, FL 34698 |
| TD | JOANNE NAGEL | 1710 VILLA CAPRI CIR. | TAMPA, FL 33556 |
| S | PHILIP TODD | 14550 BRUCE B. DOWNS BLVD | TAMPA, FL 33613 |
| | <i>JM/19</i> | | |

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 contained in Chapter 119, 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:

Jennifer Cray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2007

Date

813-601-1263

Daytime Phone #