

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB -3 PM 4:32

SECRET  
TALLAH, FLORIDA

DOCUMENT # 761473

1. Corporation Name

Tampa Neighborhood Watch Association Inc.  
411 North Franklin Street  
Tampa, FL 33604 US

2. Principal Office Address

411 North Franklin St  
Suite, Apt #, etc.

3. Mailing Office Address

411 North Franklin St  
Suite, Apt #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33604

Country

Hillsborough

Zip

33604

Country

Hillsborough

200066895982  
01/06--01014--019 \*\*503.75

REINSTATEMENT 00-06

4. Date incorporated or Qualified  
To Do Business in Florida

11/29/05

5. FEI Number

59-2201398

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 Samuel Lee Mobley Sr.  
Street Address (P.O. Box Number is Not Acceptable)  
411 North Franklin Street  
Suite, Apt. #, Etc.  
City Tampa

State  
FL

Zip Code  
33604

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

Samuel L. Mobley Sr.  
REGISTERED AGENT MUST SIGN

Date January 28, 2006

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	Samuel L. Mobley Sr	4234 E Cayuga St	Tampa FL 33610
VP	Norman Holtz	1311 W. Clinton St	Tampa FL 33610
S	Thelma Davis	1602 N. Lois Ave	Tampa FL 33607
T	Wayne Schmars	1902 E. Henry Ave	Tampa FL 33610
ma	Florence Dickenson	8220 N FL Ave	Tampa FL 33604
ma	Betty David	1721 E. Cayuga St	Tampa FL 33603

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:

Samuel L. Mobley Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 2006  
Date

Daytime Phone #