

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 AUG 31 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 765632

**1. Corporation Name**  
FAIRVIEW PARK, INC., A NOT FOR PROFIT  
CORPORATION

**2. Principal Office Address** 7135 Fairview  
2, 3, 7, 9 Suite, Apt. #, etc.  
18 & 17  
City & State  
Fla, Tampa  
Zip Country  
33619 Hillsborough

**3. Mailing Office Address**  
7135 Fairview PK Dr.  
Suite, Apt. #, etc.  
17 & 18  
City & State  
Tampa, Fla 33619  
Zip Country  
33619 Hillsborough

100059382781  
09/07/05--01016--005 \*\*796.25

**4. Date Incorporated or Qualified  
To Do Business in Florida** 11-3-82

**5. FEI Number** 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 Rasheedah Stevenson  
Street Address (P.O. Box Number is Not Acceptable)  
7135 Fairview PK Dr.  
Suite, Apt. #, Etc.  
Tampa, Fla  
City  
Fla

State Zip Code  
FL 33619-1153

**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 Rasheedah Stevenson  
REGISTERED AGENT MUST SIGN

Date 7-4-05

**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
PD	TIM L. KNOX	6205 N. ROME AVE., LOT 227	TAMPA, FL 33604
VD	CHARLES ROWELL	7119 FAIRVIEW PARK	TAMPA, FL 33619
SD	KENNETH WINTER	2331 SYDNEY DOVER RD.	DOVER, FL 33527
T	RASHEEDAH STEVENSON	7135 FAIRVIEW PARK DR.	TAMPA, FL 33619-1153
ASST. TD	BETTY J. GAFFNEY	7109 FAIRVIEW PARK DR.	TAMPA, FL 33619
D	VICTORIA LEWIS	7153 FAIRVIEW PARK DR.	TAMPA, FL 33619

**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:** Rasheedah Stevenson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-4-05