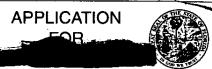
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



Country

PLORIDA DERARTMENT OF STATE Katherine Harris

> Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

771034

1. Corporation Name

THE OLD SAINT MARK COMMUNITY AID CENTER AT PORT TAMPA, INCORPORATED

Principal Place of Business

Mailing Address

7218 SHERRILL ST **TAMPA FL 33616**

Suite, Apt. #, etc.

City & State

Zip

7218 SHERRILL ST **TAMPA FL 33616**

Suite, Apt. #, etc.

City & State

Zip

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

FILED

02 FEB 22 PM 3:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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REINSTATEMENT	<u>01-0</u> 2	
Date Incorporated or Qualified To Do Business in Florida 11/02/1983		
5. FEI Number	Applied For	
59-2921072	Not Applicable	

for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

7. Names	and Street Addresses of Each Officer and/or Director (Flo	rida nonprofit corporations must list at least 3 directors)	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PATTY, MICHELLE	7309 O'BRIEN	TAMPA FL
ST	MUNNS, JIMMY	3813 OKLAHOMA AVE	TAMPA FL 33616
СВ	CANNON, NORMAN T.	5102 IDAHO STREET	TAMPA FL
D	JOHNSON THOMAS, LILA	7312 MASCOTT STREET	TAMPA FL
D	SHEPHARD, JOHN	3814 OKLAHOMA AVENUE	TAMPA FL .
		60	00050973266 -03/12/0201058022

Country

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent *297.50			
TOURSON THOUSAND AND ATT		Name	41 		
JOHNSON THOMAS, LILA 7312 MASCOTT STTAMPA FL 33616		Street Address (P.O. Box Number is Not Acceptable)			
		_Suite, Apt. #, Etc			
		1157			
		City	State Zip Code		
10. I being appointed the registered agent of the above pamed compration, am familiar with and accept the obligations of Section 607 0505. F.S.					

REGISTERED AGENT MUST SIGN

Signature of Registered Agent

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR