

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 2005 8:00 A.M.
Secretary of State

DOCUMENT # 771034

1. Corporation Name

The Old SAINT MARK Community Aid
CENTER AT Port Tampa, INC.

500057405715
07/13/05--01011--005 **358.00

2. Principal Office Address

7218 Shearill St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip

Country

33616

Hillsborough

Zip

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

NOVEMBER 2, 1983

5. FEI Number

59-2921072

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

Sandra HAYNES

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

4512 McElroy AVE

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

Sandra Haynes

Date 7/7/05

REGISTERED AGENT MUST SIGN

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
D	Randolph T. Myers Sr.	2704 32nd St.	Tampa, Florida 33605
S	Jimmy Munns	3813 Oklahoma Ave	Tampa, Florida 33616
D	Tyronne W. Reddish	8103 Jad Dr.	Tampa, Florida 33619
D	Annie L. Munns	3813 Oklahoma Ave	Tampa, Florida 33616
CB	Norman T. Cannon	5102 Idaho St	Tampa, Florida 33616
D	Lila J. Thomas	7312 Mascott St.	Tampa, Florida 33616

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:

Norman T. Cannon

NORMAN T. CANNON

7/7/05

Date

(813) 839-0295

(813) 624-4141

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)