

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 13 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1190580

1. Corporation Name

CHARJON OF THE BAY AREA, INC.

Principal Place of Business

Mailing Address

6805 D. 16th ST. N.E. SAME
ST. PETERSBURG, FLA 33702

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6805 D. 16th ST. N.E.
Suite, Apt. #, etc.
ST. PETERSBURG

2. New Mailing Office Address, If Applicable

6805 D. 16th ST. N.E.
Suite, Apt. #, etc.
ST. PETERSBURG FLA

4. Date Incorporated or Qualified To Do Business in Florida

7/22/1998

5. FEI Number

59-2902592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|----------------------|-------------------------------------|---|---|
| PTD | PTD HOWE, JONATHAN T. | 6805 D. 16th ST. N.E. | ST. PETERSBURG FLA 33702 |
| VSD | VSD GARRAWAY, CHARLENE R | 6805 D. 16th ST. N.E. | ST. PETERSBURG FLA 33702 |
| | | | 700002689797--8 -11/17/98-01068-015 ***900.00 ***900.00 |
| REINSTATEMENT | | | 97-98 B 11/16/98 |

8. Name and Address of Current Registered Agent

HOWE, JONATHAN T.
6805 D. 16th ST. N.E.
ST. PETERSBURG FLA
33702

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

J T Howe

REGISTERED AGENT MUST SIGN

Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLENE R. GARRAWAY

November 7, 1998

Date

Daytime Phone #