

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



600024214146

10/28/03 FILED ***236.25

03/30/2000

5. FEI Number

59-3618115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

DOCUMENT # **N00000002124**

1. Corporation Name

SOUTH SAINT PETERSBURG COMPUTER EMPOWERMENT PROGRAM, INC.

Principal Place of Business

Mailing Address

1221 22ND STREET SOUTH
ST PETERSBURG FL 33712

1221 22ND STREET SOUTH
ST PETERSBURG FL 33712

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FOWLER, JUDY C	2338 MELROSE AVENUE SOUTH	ST PETERSBURG FL 33712
P	BROWN, LYDIA	3900 5TH AVE SOUTH	ST PETERSBURG FL 33569
D	HARDWICK, CAROLYN	3600 29TH AVE SOUTH	ST PETERSBURG FL 33711
IC	BROWN, LYDIA	3900 8TH AVENUE SOUTH	ST PETERSBURG FL 33711
FD	SCHAUER, DAVID C ESQ	321 22ND AVENUE SE	ST PETERSBURG FL 33705
VP	GIBSON, LUCIOUS III	2382 SABAZEN DRIVE	DUNEDIN FL 34698

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEMPS-MCCREE, KAREN
205 POMPANO DRIVE SE, APT D
ST PETERSBURG FL 33705

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. or 617.0505, F.S.

Signature of
Registered Agent

Karen D. McCre
REGISTERED AGENT MUST SIGN

Date

October 24, 2003

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:

Karen D. McCre - Karen D. McCre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 24, 2003 (727) 327-0781

CR2ED40 (7/03)