

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000007549**

1. Corporation Name

PLAZA TERRACE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

**4614 N. ST VINCENT STREET
TAMPA FL 33614**

Mailing Address

**PO BOX 15065
TAMPA FL 33684**



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2000

5. FEI Number

59-3696045

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	4 City / State / Zip
D	PEREZ, AUDREY E	4614 N. ST VINCENT STREET	TAMPA FL 33614
D	RUMORE, STEVE	4615 N. ST VINCENT STREET	TAMPA FL 33614
D	SUAREZ, MARIA	3215 W. OSBORNE AVE	TAMPA FL 33614
D	ARENAS, CYCTHIA	3211 W. OSBORNE AVE	TAMPA FL 33614
500009443015 12/10/02--01096--008 **236.25 CR. # 524			

8. Name and Address of Current Registered Agent

**PEREZ, AUDREY E
4614 N. ST VINCENT STREET
TAMPA FL 33614**

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. or 617.0505, F.S.

Signature of
Registered Agent

Audrey E Perez
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/3/02

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:

Audrey E Perez
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/02
Date

813-877-7781
Daytime Phone #

CR2E040 (8/02)