

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 14 AM 8:25

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03/06/03--01060--009 \*\*245.00

**REINSTATEMENT** 02-03

**DOCUMENT # NOOO14**

**1. Corporation Name**

Tampa-Hillsborough Urban League, Inc.

**2. Principal Office Address**

1405 Tampa Park Plaza

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33602

Country

Hillsborough

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-23-1983

**5. FEI Number**

59-0657333

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$5.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Joanna N. Tokley

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

1405 Tampa Park Plaza

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

**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

*Joanna N. Tokley*  
REGISTERED AGENT MUST SIGN

Date 2/13/03

**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
CD	Thomas Huggins, III	1406 West Kennedy Boulevard	Tampa FL 33609
VD	David Regan	2115 East Hillsborough Avenue	Tampa FL 33610
TD	Kagler, Earl	7106 North Whittier	Tampa FL 33617
SD	Hires, Alma S.	14014 East COLUMBUS Drive	Tampa FL 33607
TD	Wilhite, Sarah	3812 Gunn Highway	Tampa FL 33607

**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:**

*Joanna N. Tokley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/2003 813-229-8117

Date

Daytime Phone #

CR2E081 (10/02)