

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR -4 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08
CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000000263

1. Corporation Name

Coalition for a Safe and Drug Free St. Petersburg, Inc

2. Principal Office Address - No P.O. Box #

6709 - 29th Street South

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33712

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2001

5. FEI Number

59-3716916

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

Watson L. Haynes II

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

6709 - 29th Street South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33712

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date Feb 10, 2008

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	Watson L. Haynes, II	6709 - 29th Street South	St. Petersburg, FL 33712
D	Elnora H. Scott	4116 Highland Street South	St. Petersburg, FL 33705
D	Ivan Tucker	1636 - 43rd Street South	St. Petersburg, FL 33711

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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 contained in Chapter 119, 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

Feb 10, 2008 (727) 686 4150

Date

Daytime Phone #

3/6/08