

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 15 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008092

1. Corporation Name

Howard W. Blake-Don Thompson Alumni And
Friends, Corporation

2. Principal Office Address

4201 Union Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 311182

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

Zip

33607

Country

Hillsborough

Zip

33680

Country

Hillsborough

800026241488

02/05/04--01031--001 **113.75

800026241488

01/07/04--01003--014 **248.00

REINSTATEMENT

02-04

Is Corporation or Qualified
To Do Business in Florida

11/08/2001

5. FEI Number

59-3665033

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

Randolph Kinsey

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

4201 Union Street

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33607

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

Randolph Kinsey

REGISTERED AGENT MUST SIGN

Date 12/31/03

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
D	Pauline L. Grant	P.O. Box 181	Thonotosassa, FL 33592
D	Carnell Upshaw	8310 Croton Avenue	Tampa, FL 33619
D	Gloria Philmore	4601 Ashmore Pl	Tampa, FL 33610
D	Carolyn Collins	4002 LaSalle Street	Tampa, FL 33607
D	Henry Dupree	4211 E. Paris	Tampa, FL 33610
D	Carl Warren	1701 E. Northbay	Tampa, FL 33610

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:

Pauline L. Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/03

Daytime Phone #

813-986-3300

CR2001 (10/02)