

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FILED

99 JAN 28 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1376

1. Corporation Name
Hillsborough County Community Housing
Resource Board, Inc.

Principal Place of Business Mailing Address
P.O. Box 186 P.O. Box 186
Tampa, FL 33601-0186 Tampa, FL 33601-0186
US U.S.

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REINSTATEMENT

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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		4. Date Incorporated or Qualified To Do Business in Florida 02/10/84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2546173	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Vice-President	Fred Hearn (D)	Officer of Human Rights 712 W. Ross Ave.	Tampa, FL 33602
President	Gail P. Williams (D)	Manager, Equal Opportunity Administration 601 E. Kennedy Blvd, 17th Floor	Tampa, FL 33602
Secretary	Mitilda Garcia (D)	714 Lois Avenue	Tampa, FL 33609
Treasurer	Dr. J. Edwin Benton (T)	Dept of Government & International Affairs SOC 107 University of South Florida	Tampa, FL 33620

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

T.J. Thompson
5808 N. Florida Avenue
Tampa, FL 33604

Name
Dr. J. Edwin Benton
Street Address (P.O. Box Number is Not Acceptable)
Dept of Gov't & International Affairs SOC107
University of South Florida
Suite, Apt. #, Etc
4202 Fowler Avenue
City
Tampa
State
FL
Zip Code
33620

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Dr. J. Edwin Benton
REGISTERED AGENT MUST SIGN

Date
12/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: Dr. J. Edwin Benton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/98 (813) 974-2358
Date Daytime Phone #

CR23540 (1/98)