

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

04 DEC -3 AM 8:00

DOCUMENT # N02000009326

1. Corporation Name

COURT ALTERNATIVE PROGRAMS OF TAMPA BAY, INC.
COURT ALTERNATIVE PROGRAMS OF TAMPA BAY, INC.
1333 WEST CASS STREET
1333 WEST CASS STREET

2. Principal Office Address

1333 WEST CASS STREET

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

HILLSBOROUGH

3. Mailing Office Address

1333 WEST CASS STREET

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

HILLSBOROUGH

REINSTATEMENT

04
MRS

4. Date Incorporated or Qualified

To Do Business in Florida 12/02/2002

5. FEI Number

47-0899836

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

KEITH MCDONALD

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

1333 WEST CASS STREET

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code
33606

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

Keith McDonald

REGISTERED AGENT MUST SIGN

Date NOVEMBER 30, 2004

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
P/D	KEITH MCDONALD	10222 TARRAGON AVENUE	RIVERVIEW, FL 33655
V/D	PATRICIA HALL	4013 PEARL AVENUE	TAMPA, FL 33611
S/T/D	ROBERT MCDONALD	2207 NORTH MERRIN STREET	PLANT CITY, FL 33563

600043169766
12/03/04--01033--004 **245.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH MCDONALD

11-30-04

Date

(813) 250-0227

Daytime Phone #

CR2E081 (01/04)