

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

10 MAR 26 AM 11:49

DOCUMENT # **NO 2000009869**

1. Corporation Name

Effective 11/1/2003

**PALMA CEA WEST NEIGHBORHOOD ASSN.
2403 SOUTH HALE AVENUE
TAMPA, FLORIDA 33629**

2. Print

Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

Honna Van Name

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

2403 So. Hale Ave.

Suite, Apt. #, Etc.

Tampa

City

State

FL

Zip Code

33629

☐ 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

Honna Van Name

REGISTERED AGENT MUST SIGN

Date **3/18/2010**

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
PRES.	MICHAEL J. McNABB	TAMPA, FL 33629 2404 S. CLARK AVE.	TAMPA FL 33629
V.P.	KAREN J. GAY	3916 SAN NICHOLAS ST TAMPA, FL 33629	
TREAS.	Honna Van Name	2403 So. Hale Ave Tampa, FL 33629	

10. E-mail Address: **dvannname@TAMPABAY.ORG.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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: *MICHAEL J. McNABB* *MICHAEL J. McNABB* *3/4/2010* *(813) 254-1589*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #