

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N02835

1. Corporation Name

SEFFNER-THONOTOSASSA COUNCIL FOR COMMUNITY AFFAIRS, INC.

Principal Place of Business

Mailing Address

~~9707 COMMODORE DRIVE~~
~~SEFFNER FL 33584~~

9723 BELVEDERE DR
SEFFNER FL 33584

FILED

04 JUL 13:30 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-04

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

05/01/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PD	CHESTER, FRANK	9723 BELVEDERE DR	SEFFNER FL 33584
VPD	PADGETT, OTIS	9733 BELVEDERE DR	SEFFNER FL 33584
SD	DENNARD, EMMA Chester, Maggie	10216 JOE EBERT RD 9723 Belvedere DR	SEFFNER FL 33584
TD	ERVIN, ESTER Dennard, Emma E.	9707 COMMODORE DR 10216 Joe Ebert	SEFFNER FL - 33584-2639
			200039070272 07/13/04--01067--013 **358.75

8. Name and Address of Current Registered Agent

CHESTER, FRANK
9723 BELVEDERE DR
SEFFNER FL 33584

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Frank Chester
9723 Belvedere DR
SEFFNER
FL 33584

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 19 June 04

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emma E. Dennard

6 July 04

Date

Daytime Phone #

813-340-5673

CR2E040 (8/02)