

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000010904

1. Corporation Name

The Talented Tenth Organization

W08-56333

2. Principal Office Address - No P.O. Box #

13921 Chalk Hill Place

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 3091

Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Brandon, FL

Zip

33579

Country

US

Zip

33509

Country

US

7. Name and Address of Current Registered Agent

Name

Candice D. Harris

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

13921 Chalk Hill Place

Suite, Apt. #, Etc.

City

Riverview, FL

State

FL

Zip Code

33579

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

REGISTERED AGENT MUST SIGN

Date

12.17.08

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	Candice D. Harris	13921 Chalk Hill Place	Riverview, FL 33579
VP	A. E. Kemp	7110 N. Whitter Street	Tampa, FL 33617
T/S	Lorrie T. Blount	3704 E Flora Street	Tampa, FL 33604

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 contained in Chapter 119, 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

Date

Daytime Phone #

12.17.08

FILED

08 DEC 31 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900139168629

12/19/08--01030--004 \*\*70.00

12/31/08 01040 009 852.50

REINSTATEMENT 07-08

4. Date Incorporated or Qualified  
To Do Business in Florida 10.19.2006

5. FEI Number  
20-5723557

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

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