

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DISSOLUTION OF CORPORATIONS

FILED

02 NOV -4 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07086

1. Corporation Name

PINELLAS HABITAT FOR HUMANITY, INC.

Principal Place of Business

1255 STARKEY ROAD, SUITE 2
LARGO FL 33771
US

Mailing Address

PO BOX 5140
LARGO FL 33779-5140
US



500008778405
11/04/02--01041--015 **61.25

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

01/14/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2507116

Applied For

City & State

City & State

Not Applicable

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
SD	MCGRADY, MARY	19201 VISTA LANE # 109	INDIAN SHORES FL 33785
MD	KUNGE, MARY ANN delete	1902 SANDPIPER DR	CLEARWATER FL 33764
MD MD	ADLER, CORY delete Giere, Nils	301 37TH AVE N 2087 Ashbury Drive	SAINT PETERSBURG FL 33704 Clearwater, FL 33764
PD	GRIFFITH, TONY	245 SHORE DRIVE	PALM HARBOR FL 34683
TD	WILSON, SCOTT	12825 PINE FOREST WAY W.	LARGO FL 33773
VPD	McEachern, David	621 25th Ave. S.	Saint Petersburg FL 33705

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ADLER, CORY~~
~~301 37TH AVE N~~
~~2ND FL~~
SAINT PETERSBURG FL 33704

Name

Giere, Nils

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

1255 Starkey Rd., Suite 2

Suite, Apt. #, Etc.
Suite 2

City
Largo

State
FL

Zip Code
33771

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

Signature of
Registered Agent

Nils Giere
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

500008778405
11/04/02--01041--015 **8.75
Date 10/23/2002

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.

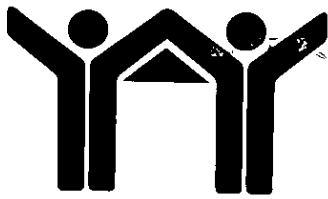
SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

241/102



**Pinellas
Habitat for
Humanity**

1255 Starkey Road, Suite 2
P.O. Box 5140
Largo, FL 33779-5140
727-536-4755
FAX 727-536-4725
www.phfh.org

October 23, 2002

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

We apologize for the lateness of the filing of the uniform business report. Our organization was working with temporary bookkeepers from November 2001 until February 2002 and was not aware that this report was due. Then a move to a new location in June must have caused any notification to not reach us.

Please waive the \$175.00 reinstatement fee for us at this time.

Many thanks for your attention to this matter.

Sincerely,

Scott Wilson
Treasurer
Pinellas Habitat for Humanity

Please remember us in your will!