

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 1:10

DOCUMENT # N12090

1. Corporation Name

HILLSBOROUGH CONSTITUENCY FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5436
TAMPA FL 33675-5436
US

P.O. BOX 5436
TAMPA FL 33675-5436
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1985

5. FEI Number

59-2659511

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DOUGHTY, KAY	7402 N. 56TH STREET, SUITE 700	TAMPA FL 33617
VPD	MCEWEN, BRIAN	12515 BRUCE B DOWNS BLVD.	TAMPA FL
TD	DAWSON, ANN	822 S. ROME	TAMPA FL
2VP	WALKER, VICKI	2801 NORTH 17TH STREET	TAMPA FL 33605
S	HALL, PAT	2910 HARBORVIEW DRIVE	TAMPA FL 33611

REINSTATEMENT 00-01 SP

8. Name and Address of Current Registered Agent

DOUGHTY, KAY
4422 EAST COLOUMBUS DRIVE
TAMPA FL 33605

9. Name and Address of New Registered Agent

Name 9000004467749--1
-07/10/01--01072--004
Street Address (P.O. Box Number is Not Acceptable) ***236.25 ***236.25
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

6/15/11

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/15/01 (813) 980-3866
Daytime Phone #

CR2E040 (8/00)