

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

01 JUN 20 PM 1:10

DOCUMENT # **N12090**

1. Corporation Name  
**HILLSBOROUGH CONSTITUENCY FOR CHILDREN, INC.**

Principal Place of Business P.O. BOX 5436 TAMPA FL 33675-5436 US	Mailing Address P.O. BOX 5436 TAMPA FL 33675-5436 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

02/24/00 90044 040 # 1el. 25

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>11/14/1985</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2659511</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
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

9. Name and Address of New Registered Agent

DOUGHTY, KAY  
 4422 EAST COLOUMBUS DRIVE  
 TAMPA FL 33605

Name **900004467749--1**  
 -07/10/01--01072--004  
 Street Address (P.O. Box Number is Not Applicable) **\*\*\*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**  
 REGISTERED AGENT MUST SIGN

Date **6/15/01**

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

*Kay M. Doughty*

CR2E040 (8/00)