

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUN -5 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14111

1. Corporation Name

FLORIDA CENTER FOR HUMAN DEVELOPMENT, INC.

Principal Place of Business

750 94TH AVE N
213
ST PETERSBURG FL 33702
US

Mailing Address

P O BOX 13303
ST PETERSBURG FL 33733-3303
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

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1986

Suite, Apt. #, etc.

~~100002207931--9~~

~~05/28/00--01070--008~~

City & State

~~ST PETERSBURG, FL 33702~~

5. FEI Number

59-2685559

Applied For

Not Applicable

Zip

Country

Zip

Country

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
T	GARDNER, SUSAN R	750 94TH AVE N SUITE 213	ST PETERSBURG FL 33702
SP	CHIPMAN, A.G.	1118 TUXFORD DR.	BRANDON FL 33511
CD	WILLIAMSON, EUGENIA	829 W DR M L KING BLVD	TAMPA FL 33603
D	NEAL-PORE, HELEN	612 N EXCELDA AVE	TAMPA FL 33609
D	PARRISH, ANGIE	7650 W COURTNEY CAMPBELL PARKWAY	TAMPA FL 33607
D	RINGOLD, CAROL	2605 Driftwood Rd. S	St Petersburg FL 33705

8. Name and Address of Current Registered Agent

GARDNER, SUSAN R
750 94TH AVE N
SUITE 213
ST PETERSBURG FL 33702

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

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

Susan R Gardner

REGISTERED AGENT MUST SIGN

Date

3/28/00

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:

Eugenia Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugenia Williamson

Date

Daytime Phone #

6/1/00 (813) 332-1222 x144

CR2040 (8/99)