

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR -8 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17692**

1. Corporation Name

TAMPA HOUSING AUTHORITY TENANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 4416~~
~~TAMPA FL 33607~~

~~P.O. BOX 4416~~
~~TAMPA FL 33607~~



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.
1514 UNION Street
City & State
Tampa FL
Zip
33607 Country

Suite, Apt. #, etc.
1514 UNION Street
City & State
Tampa FL
Zip
33607 Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1986

5. FEI Number

59-3070998

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PARHAM, GLORIA	4728 S. TRASK, #112	TAMPA FL
D	HINES, GERALDINE	5918 N. ROME AVE., #22	TAMPA FL
D	BARNES, GERALDINE	2606 ST. CONRAD, #20	TAMPA FL
D	BURROUGHS, EDDIE L	1908 N. BOULEVARD, #18	TAMPA FL
			200802405442--2 -04/10/98--01103--006 ****367.50 ****367.50
REINSTATEMENT 96-98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILMORE, RICARDO L
334 S. HYDE PARK
TAMPA FL 33606

Name **Ricardo L. Gilmore**
Street Address (P.O. Box Number is Not Acceptable)
334 S. Hyde Park
Suite, Apt. #, Etc.

City **Tampa**

State **FL** Zip Code **33606**

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]
REGISTERED AGENT MUST SIGN

Date **10/6/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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: **EDDIE LEE BURROUGHS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 1. 15
Date

813-251-9298
Daytime Phone #