

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 20 PM 3:30

DOCUMENT # N 26415

1. Corporation Name

TAMPA HOMEOWNERS, AN ASSOCIATION
OF NEIGHBORHOODS

REINSTATEMENT

CR2E081 (1/07)

03-07

2. Principal Office Address - No P.O. Box #

4625 Longfellow Ave
Suite, Apt. #, etc.

3. Mailing Office Address

4625 Longfellow Ave
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33629

Country

US

Zip

33629

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/12/1988

5. FEI Number

592890968

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wofford Johnson

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

4625 Longfellow Ave

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Wofford Johnson
REGISTERED AGENT MUST SIGN

Date 8/10/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Wofford Johnson	4625 Longfellow Ave	Tampa, FL 33629
VP	RANDY BARON	217 W. Commanche Ave	Tampa, FL 33604
S	FREDRIC ZERLA	11111 N. 21 ST STREET	Tampa, FL 33612
T	BILL DUVAL	5408 N. BRANCH AVE	Tampa FL 33604

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10. 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 contained in Chapter 119, 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:

Wofford Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/07
Date

813 857-8011
Daytime Phone #