

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N30755

1. Corporation Name

THE DOWNTOWN CORPS, INC.

Principal Place of Business

ONE TAMPA CITY CENTER
#1724
TAMPA FL 33602
US

Mailing Address

ONE TAMPA CITY CENTER
#1724
TAMPA FL 33602
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

02/17/1989

5. FEI Number

59-2976396

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	4 City & State
PD	LEYTHAM, BETHANY	ONE TAMPA CITY CENTER, #1724	TAMPA FL 33602
DV	WARTH, DONALD	6995 W. RIVERCHASE DR.	TEMPLE TERRACE FL
DS	CLOAR, JAMES A	ONE TAMPA CITY CENTER, #1724	TAMPA FL 33602
PD	CLOAR, James A.	One Tampa City Center	Tampa, Fl 33602
PUD	Deborah MacArthur	100 E. Madison St. #100	Tampa, Fl 33602
TD	Lee Moncrief	201 E Kennedy Blvd, #1800	Tampa, Fl 33602

8. Name and Address of Current Registered Agent

CLOAR, JAMES A
ONE TAMPA CITY CENTER
#1724
TAMPA FL 33602

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

REINSTATEMENT

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

James A. Cloar

REGISTERED AGENT MUST SIGN

Date

10/19/00

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:

James A. Cloar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00 813/221-3686
Date Daytime Phone #

CR2E040 (8/00)