

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

08 MAY 14 PM 12:47

B SHW / 08  
STATEMENT 90-08

DOCUMENT # N30967

1. Corporation Name

BLACK NURSES ASSOCIATION OF TAMPA BAY, INC.

600129479296  
05/14/08--01037--021 \*\*1338.75

CR2E081 (12/07)

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

3554 29th St.

Suite, Apt. #, etc.

3. Mailing Office Address

3554 29th St.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33605

Country

Hillsborough

Zip

33605

Country

Hillsborough

4. Date Incorporated or Qualified

To Do Business in Florida 03/02/1989

5. FEI Number

593 032 681

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

Rosa McKinzy Cambridge

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

9133 Tudor Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

☐ 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

Rosa McKinzy Cambridge  
REGISTERED AGENT MUST SIGN

Date 5/7/8

**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
PD	Rosa McKinzy Cambridge	9133 Tudor Dr. D 204	Tampa / Florida / 33615
D	Pauline Cole	3554 29th St.	Tampa / Florida / 33605
D	Thorton Ann Thorton	4612 22nd Ave	Tampa / Florida / 33605
D	Irene Bemby	8306 Levee	Tampa FL, 33637
TD	Dolores Singleton	3554 29th St.	Tampa / Florida / 33605

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:

Rosa McKinzy Cambridge

Rosa McKinzy Cambridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/7/8

813-767-4639

Daytime Phone #