

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -8 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/12/05--01019--003 **297.SU

DOCUMENT # N48827

1. Corporation Name

Riverside Heights Civic Association, Inc.
918 W. Virginia Ave.
Tampa, FL 33603

2. Principal Office Address

918 W. Virginia Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa

City & State

Zip

33603

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1992

5. FEI Number

NA

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

Sharon Keene

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

918 W. Virginia Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33603

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

Sharon Keene

Date

7/5/05

REGISTERED AGENT MUST SIGN

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	James McCarthy	1317 W. Woodlawn Ave.	Tampa, FL 33603
V	Sam Manna	2901 N. Perry Ave.	Tampa, FL 33602
T	Ginger Shea	3312 N. Perry Ave.	Tampa, FL 33603
D	Sharon Keene	918 W. Virginia Ave.	Tampa, FL 33603

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 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:

Sharon Keene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05

Date

813-223-6801

Daytime Phone #

CR2E081 (01/05)