

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **N93000005715**

1. Corporation Name
ADOPTION COUNCIL OF TAMPA BAY, INC.

Principal Place of Business Mailing Address

~~PO BOX 77070~~ **P.O. Box 1264** ~~PO BOX 77070~~ **SAME**
~~TAMPA FL 33675~~ **Thonotosassa, FL 33592** ~~TAMPA FL 33675~~
US 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.
P.O. Box 1264 **SAME**
City & State City & State
Thonotosassa, FL
Zip Country Zip Country
33592 USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 01

4. Date/Incorporated or Qualified To Do Business in Florida **12/14/1993**

5. FEI Number **59-3224731** 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CARDER, ARTHUR RUSSELL, ALLAN	3136 EVANSDALE CT 4020 58th Ave N.	LAND O LAKES FL 34630 St. Petersburg, FL 33714
VD	BRINSON, FREDDIE	1313 N TAMPA STREET #804	TAMPA FL 33602
DV	CORRAL, SUZANNE	803 LOWRY LANE	TAMPA FL 33604
TD	LEBOEUF, CLAIRE CSC	13133 ST FRANCIS LANE	THONOTOSASSA FL 33592
SD	LARKINS, COREATHA	6013 N 40TH STREET	TAMPA FL 33610

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

~~CARDER, ARTHUR~~
~~3136 EVANSDALE CT~~
~~LAND O LAKES FL 34630~~

Name **CLAIRE LeBOEUF**
Street Address (P.O. Box Number is Not Acceptable)
13133 St. FRANCIS LN
Suite, Apt. #, Etc.
City **Thonotosassa** State **FL** Zip Code **33592**

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 **CLAIRE LeBOEUF** **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

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Date **11-19-01**

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: **CLAIRE LeBOEUF CSC** **11-19-01** **813-982-9226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #