PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9400002948

1. Corporation Name

THE CENTER OF TAMPA, INC.

Principal Place of Business

Mailing Address



03 NOV 17 PM 2: 55

3708 WEST SWANN AVENUE TAMPA FL 33609 US			1222 S DALE MABRY HWY PRIVATE MAILBOX #350 TAMPA FL 33629								
US						R	EINST/	ATEMENT	0	ラ	
US TAMPA FL 33629 US If above addresses are incorrect in any way, line through incorrect information and enter correction belo 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							4 Date Incorn	orated or Qualified			
<u> </u>			l	<u> </u>			To Do Business in Florida 06/09/1994				
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number				
City & State			City & State					59-3249057 Not App			
Zip		Country	Zip		Country	y	6. CERTIFICATE			tional Fee required tificate 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	HARPER, JAMES W			3325 BAYSHORE BLVD E-16			TAMPA FL 33629				
SD	BYRD, O. KIM			952 WINDING OAKS DR			PALM HARBOR FL 34683				
D	WILLIAMS,	2104 W TWO LAKES ROAD			TAMPA FL 33604						
TD	PADGETT, MARTIN D			15928 NOTTINGHILL DRIVE			LUTZ FL 33549				
D	CROW, TRACY			4926 CAMELLIA WAYS			SAINT PETERSBURG FL 33705				
į		800024763748 11/17/0301103002_**61.25					.25				
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent						
BYRD, O. KIM					MARTIN D. PADGETT						
952 WINDING OAKS DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
PALM HARBOR FL 34683											
						City LUTZ State Zip Code FL 33548					
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. or 617.0505, F.S.											
Signature of Registered Agent Date 11-13-03											

11. I certify that fram 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone | -



Proudly serving the lesbian, gay, bisexual and transgender community since 1994

Our Mission is:

To provide a home for the birth, nurture and celebration of our organizations, institutions, and culture; care for our groups and individuals in need; educate the public and our community; and empower our individuals and groups to achieve their fullest potential.

Mail Address:

1222 S. Dale Mabry Hwy., PMB 350 Tampa, Fl 33629

Physical Address:

3708 West Swann Avenue Tampa, FL 33609

Phone:

813.875.8116

Officers:

James Harper - Chair Kim Byrd - Secretary Martin Padgett - Treasurer

Board Members:

Wilson Williams Tracy Crow November 13, 2003

To Whom It May Concern:

This letter is to inform you that having gone through the available records for The Center of the past year, I have been unable to verify receipt of prior notice for Annual Corp. fees due.

I hereby request that the late fee of \$175.00 be waved and that you accept the enclosed check of \$61.25 as our payment and reinstate our small community center as a non profit corporation.

Thank you for your help and understanding in this matter.

Sincerely,

Martin D. Padgett Board Member

Treasurer