

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 11 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400073757324  
05/02/06--01063--017 \*\*358.75

REINSTATEMENT 04-06  
CR2E081 (12/05)

**DOCUMENT #**

1. Corporation Name

The Channel District Council Inc  
N94000003149

2. Principal Office Address

223 N. 12<sup>th</sup> St.  
Suite, Apt. #, etc.

City & State

Tampa FL

Zip  
33602

Country

3. Mailing Office Address

1101 Channelside Dr.  
Suite, Apt. #, etc.  
240

City & State

Tampa

Zip

FL

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/21/1994

5. FEI Number

593260403

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

Ken K. Stoltenberg

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

1101 Channelside Dr 240

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

*[Signature]*

Date 04/06/06

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
Pres	Lenie White	223 N. 12 <sup>th</sup> St.	Tampa FL 33602
V.P.	Henry Lewis	119 N. 11 <sup>th</sup> St Tampa, FL 33602	" "
Treas	Ken Stoltenberg	1101 Channelside Dr. 240	" "
Sect	Darian Johnson	11300 4 <sup>th</sup> St. N. 200	St. Petersburg FL 33716
	DRU/12		

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/06  
Date

813-864-4200  
Daytime Phone #