

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003559

1. Corporation Name

THE DOWNTOWN CATHEDRAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

506 E. HARRISON STREET
TAMPA FL 33601

P.O. BOX 172066
TAMPA FL 33602

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.

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	
P	WASHINGTON, REV. LEROY JR.	502 S. FREEMONT	TAMPA FL 33602
VP	SANDERS, LUCILLE	2604 LYKES COURT	TAMPA FL 33611
D	DOBY, INEZ	1935 NASSAU	TAMPA FL 33603
S	LEWIS, HELEN	3221 32ND STREET	TAMPA FL 33610
D	MURRAY, MORELAND	5030 OAKSHORE DRIVE	TAMPA FL 33672
D	DAWSON, JOAN	3508 RIVER GROVE DRIVE	TAMPA FL 33610

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WASHINGTON, REV. LEROY JR.
502 S. FREEMONT
#6-638
TAMPA FL 33602

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(j), 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

3/1/99