

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

DOCUMENT # N95000000625

1 Corporation Name

THE TED CENTER'S NEIGHBORHOOD ASSOCIATION, INC.

96 DEC 26 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4008 W ATLANTIC AVENUE
DELRAY BEACH FL 33444

Mailing Address

4008 W ATLANTIC AVENUE
DELRAY BEACH FL 33444

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

24 N Swinton Avenue
Suite, Apt. #, etc.

3 New Mailing Office Address, If Applicable

24 N. Swinton Avenue
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1995

5. FEI Number

Applied For

Not Applicable

City & State

Delray Beach,

City & State

Delray Beach, Florida

Zip

Florida

Country

Palm Beach

Zip

33444

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☒ 68.75 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	James Butler <i>DIR</i>	232 NW 5th Avenue	Delray Beach, FL 33444
VP	James Dildy, Sr <i>DIR</i>	704 SW 3rd Avenue	Delray Beach, FL 33444
Co-Treas	Tina Negron <i>DIR</i>	214 NW 13th Avenue	Delray Beach, FL 33444
Co-Treas	Mavis Allen <i>DIR</i>	226 NW 5th Avenue	Delray Beach, FL 33444
Sec'ty	Kathy Butler <i>DIR</i>	232 NW 5th Avenue	Delray Beach, FL 33444
Dir	Carole Jones <i>DIR</i>	314 NW 3rd Avenue	Delray Beach, FL 33444

8. Name and Address of Current Registered Agent

MCGHEE, SAMUEL D 700002045847--0
4008 W ATLANTIC AVENUE -01/03/97--01168--003
DELRAY BEACH FL 33444 *****245.00 *****245.00

9. Name and Address of New Registered Agent

Name
Sherry Johnson
Street Address (P.O. Box Number is Not Acceptable)
24 North Swinton Avenue
Suite, Apt. #, Etc.
City
Delray Beach, State
FL Zip Code
33444

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

Sherry Johnson
REGISTERED AGENT MUST SIGN

Date Oct 18, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

James Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

10/18/96 561-279-9953

Date

Daytime Phone #