

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 AUG 24 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N95000001371

**1. Corporation Name**

Hillsborough Head Start  
Community Foundation, Inc.

**2. Principal Office Address**

4817 N. Florida Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33603

Country

Hillsborough

**3. Mailing Office Address**

Same as item (2)

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

99-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March, 1995

**5. FEI Number**

59-3328377

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

Donna Glausser, Director, Head Start/Early Head Start Program

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

4817 N. Florida Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33603

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09/06/01--01089--003

\*\*\*358.75 \*\*\*358.75

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**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

*Donna Glausser*

REGISTERED AGENT MUST SIGN

Date 8/21/01

**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.	John Warren	18137 Regents Sq. Drive	Tampa, FL 33647
Vice Pres.	LaNita Brown	734 Climate Drive	Brandon, FL 33511
Sec.	Ann Dawson	822 South Rome	Tampa, FL 33606

**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 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:** Ann Dawson, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ann Dawson*

Date

8/21/01

Daytime Phone #

813-254-3336

CR2E081 (8/00)