

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 11 PM 4:52

DOCUMENT # N960000001886

1. Corporation Name

BLACK DATA PROCESSING ASSOCIATES -
GREATER TAMPA BAY CHAPTER, INCORPORATED

REINSTATEMENT 02-04

2. Principal Office Address

P.O. Box 290355

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33617

Country

USA

3. Mailing Office Address

P.O. Box 290355

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33617

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1996

5. FEI Number

593234751

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

MR. LESLIE MOZON

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

4348 REDCOAT DRIVE

Suite, Apt. #, Etc.

City

WESLEY CHAPEL

State

FL

Zip Code

33543

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]

REGISTERED AGENT MUST SIGN

Date 04/05/2004

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
P	MR. LESLIE MOZON	4348 REDCOAT DRIVE	WESLEY CHAPEL, FL 33543
V	MILTON JONES	17622 NATHANS DRIVE	TAMPA, FL 33647
T	MENDEL CLAXTON	2201 CORNWELL DRIVE	LUTZ, FL 33549
D	ERNEST MOORE	10003 KATIE COURT	TAMPA, FL 33647
V	TWANDA BRADLEY	7927 PINE DRIVE	TAMPA, FL 33637
V	MANNY O'BRYAN	1503 FOX HILL PLACE	VALRICO, FL 33594

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:

[Signature] LESLIE A. MOZON 5/8/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)