

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000004199**

1. Corporation Name

COUNCIL OF SERVICE ORGANIZATIONS OF UPPER PINELLAS, INC.

Principal Place of Business

CHANGE → Mailing Address

C/O THE LONG CENTER
1501 N. BELCHER RD. STE 225
CLEARWATER FL 34625

Mr. Carl R. Leiby
2287 Philippine Dr. Apt. 67
Clearwater, FL 33763-2822

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1996

5. FEI Number

59-3404606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WARD, HOWARD	2329 LORENA LANE	CLEARWATER FL 34625
D	MELKONIAN, DODGE	2712 REDFORD COURT	CLEARWATER FL 34621
P	MARIAN, RAYMOND	1498 FAIRWAY DR.	DUNEDIN FL 34698
S	POSTON, JANE H	1027 DOGWOOD DRIVE	DUNEDIN FL 34698
T	LEIBY, CARL R	2287 PHILIPPINE DR #67	CLEARWATER FL 33763
2VP	GREINER GARINER, JIM	2113 POINCIANA TER	CLEARWATER FL 33760

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEIBY, CARL R
2287 PHILIPPINE DR
#67
CLEARWATER FL 33763

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Carl R. Leiby
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-15-03

11. 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:

Carl R. Leiby
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03

CR2E040 (7/03)