

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N96000005847**

1. Corporation Name

CHILDS PARK YOUTH INITIATIVE COUNCIL, INC.

Principal Place of Business

**4719 22ND AVE S
ST PETERSBURG FL 33711**

Mailing Address

**4719 22ND AVE S
ST PETERSBURG FL 33711**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

97ao

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1996

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
C/D	Daphne Lampley	642 61st Avenue South	St. Petersburg, FL 33705
VC/D	Kenneth Crawford	300 43rd Street South	St. Petersburg, FL 33711
T/D	Mary Ann Stokes	3879 15th Avenue South	St. Petersburg, FL 33711
S/D	Brenda Gilstrap-Odom	2356 Kingston Street So.	St. Petersburg, FL 33711

**500002375885-2
-12/17/97-01116-003
****245.00 ****245.00**

8. Name and Address of Current Registered Agent

~~WESTON, MARIA
4719 22ND AVE S
ST PETERSBURG FL 33711~~

9. Name and Address of New Registered Agent

Name
Patricia S. Davis
Street Address (P.O. Box Number is Not Acceptable)
4719 22nd Avenue South
Suite, Apt. #, Etc.

City
St. Petersburg

State Zip Code
FL 33711

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

Daphne Lampley

THE REGISTERED AGENT MUST SIGN

Date **12/2/97**

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)(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:

Daphne Lampley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daphne Lampley

12/2/97 8135477112
Date Daytime Phone F

0025040/9597