PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000005847 DOCUMENT #

1. Corporation Name

CHILDS PARK YOUTH INITIATIVE COUNCIL, INC.

Principal Place of Business

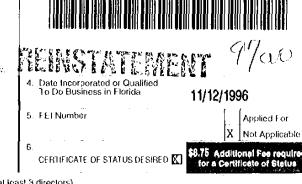
4719 22ND AVE S

Mailing Address

4719 22ND AVE S

ST PETERSBURG FL 33711		ST PETERSBUF	ST PETERSBURG FL 33711	
If above adducts	ses are inconect in any way	The through Incomed infe	maslion and enter correction b	nlow Y
	Office Address, 11 Applicable	1 '	3 New Mailing Office Address, It Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.	
City & State		City & State		5.
Zip	Country	Zip	Country	6.
7. Names and St			l da nonprofit corporations must l	
	Name of Office	etor:	Street Address	of Fach

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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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip			
C/D	Daphne Lampley	642 61st Avenue South	St. Petersburg, FL 33705			
VC/D	Kenneth Crawford	300 43rd Street South	St. Petersburg, FL 3371			
T/D	Mary Ann Stokes	3879 15th Avenue South	St. Petersburg, FL 33711			
s/b	Brenda Gilstrap-Odom	2356 Kingston Street So.	St. Petersburg, FL 3371			
<u>'</u>						

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8. Name and Address of Current Registered Agent

-WESTON, MARIA 4719 22ND AVE-S OT PETEROBURG FL 89711 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.

St. Petersburg

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 .

Date 12/2/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

(See other side for information on intangible tax.)

12. Learlify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Liturither certify that when filling 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 eath.

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