

PLEASE READ ALL INSTRUCTIONS

COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **197000001395**

1. Corporation Name

**The University Park Neighborhood
Association of St. Petersburg, Florida Inc.**

Principal Place of Business

Mailing Address

**357-3rd St. South
St. Petersburg, FL 33701**

REINSTATEMENT 98-99

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

1997

5. FEI Number

59-3443511

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Marie Stirling (D)	357-3rd St. South	St. Petersburg, FL 33701
VP	John Owan (D)	1200 - Sunshine Lane So.	St. Pete, FL 33704
Secy Treas.	Mr. & Mrs. Louis Rosetti (D)	758 - 3rd Ave So.	St Pete, FL 33701

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-05/21/99--01099--013
****297.50 ****297.50**

8. Name and Address of Current Registered Agent

Marie Stirling

9. Name and Address of New Registered Agent

Name
357-3rd St. So
Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

St. Petersburg

State

Zip Code

FL 33701

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.050, F.S.

Signature of
Registered Agent

Marie Stirling

REGISTERED AGENT MUST SIGN

Date

4/19/99

11. This corporation owes 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:

Marie Stirling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date (Type in Full)

CR25001 (12-98)