

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DOCUMENT # **N97000004359**

02 MAR 18 PM 3:33

1. Corporation Name

**COLOR ME HUMAN - TAMPA BAY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900005182109--9

-04/02/02--01021--018

\*\*\*\*\*61.25 \*\*\*\*\*61.25



REINSTATEMENT 01-02

Principal Place of Business Mailing Address  
~~C/O ST PETERSBURG FREE CLINIC~~ ~~C/O ST PETERSBURG FREE CLINIC~~  
2335 22ND AVENUE S 2335 22ND AVENUE S  
SAINT PETERSBURG FL 33712 SAINT PETERSBURG FL 33712  
US US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/30/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		31-1583315	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$875 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
PD	<del>BIDDLEMAN, MARIE</del> REESE, GWENDOLYN	<del>736 71ST AVENUE N.</del> 2736 55 TERRACE S	ST. PETERSBURG FL 33702 33712
VD	<del>DARLING, BERNICE</del> MAZUROS, MICHELLE	<del>1434 23RD AVE. S.</del> 1034 50 AVENUE N	ST. PETERSBURG FL 33705 33703
SD	<del>NOLAN, PAT</del>	4418 26TH STREET N.	ST. PETERSBURG FL 33713
TD	<del>WILLIAMS, MARY</del>	610 OSCEOLA AVE N	CLEARWATER FL 33755
MD	JOHNSON, C. DENISE	2335 22 AVENUE S.	ST. PETERSBURG FL 33712

8. Name and Address of Current Registered Agent

~~POWELL, BETTIE J~~  
~~1024 59TH AVE. S.~~  
~~ST. PETERSBURG FL 33705~~

9. Name and Address of New Registered Agent

Name  
CAROLINE BLOODWORTH  
Street Address (P.O. Box Number is Not Acceptable)  
500 60 AVENUE S  
Suite, Apt. #, Etc.  
City  
ST PETERSBURG State  
FL Zip Code  
33705

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 Caroline Bloodworth REGISTERED AGENT MUST SIGN  
Date 2/27/02

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\*\*\*\*245.00 / \*\*\*\*245.00

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: Denise Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2002  
Date Daytime Phone #

CR2E040 (8/01)