

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

DOCUMENT # N98000002342

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1. Corporation Name

THE EUCLID HEIGHTS NEIGHBORHOOD ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

ROBERTS ADULT CENTER
1330 50TH AVE NO
SAINT PETERSBURG FL 33703
US

P. O. BOX 76101
SAINT PETERSBURG FL 33703
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

04/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593596579
APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

02-24-00 90002 022 470

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
MD	MOLTERE, SUSAN	5830 13TH ST N	SAINT PETERSBURG FL 33703
SP	TOMLINSON, RACHEL	5531 11TH ST NO	SAINT PETERSBURG FL 33703
TH	HAMILTON, GEN	1101 48TH AVE NO	ST PETERSBURG FL
D	Joyce North	1500 50th AVE NO	ST Petersburg 33703
D	Delores Stubbs	1138 52 AVE NO	St Petersburg 33703
D	James Simmons	1512 57th AVE NO	St Petersburg 33703

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMLINSON, RACHEL
5531 11TH ST NO
SAINT PETERSBURG FL 33703

Name

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

Suite, Apt. #, Etc.

City

***166

State ***166

FL

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

Rachel Tomlinson
REGISTERED AGENT MUST SIGN

Date 11-9-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rachel Tomlinson Rachel Tomlinson 11/9/00

Date

Daytime Phone #

7275261825

CR2E40 (8/00)