PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith FILED FOR Secretary of State
DIVISION OF CORPORATIONS REINSTATEME 02 NOV -4 PM 6: 19 DOCUMENT # ~ N9900005267 SECRETARY OF STATE TALLAHASSEE. FLORIDA 1. Corporation Name WEST TAMPA COMMUNITY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1744 BEACH STREET 1744 BEACH STREET TAMPA FL 33607 **TAMPA FL 33607 700008780447** 11/04/02--01057--006 \*\*61.25 If above addresses are incorrect in any way, line through incorrect information and enfer correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 803 803 H. Moward Howard 08/30/1999 Suite, Apt. #, etc. 5. FEI Number Applied For NOT APPLICABLE Not Applicable 6. \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D ALVAREZ, MANNY 4144 N. ARMENIA TAMPA FL 33607 D FISHER, MARGARET A 1744 BEACH STREET TAMPA FL 33607 LASTER, TERENCE D 1115 N. HIMES AVENUE TAMPA FL 33607 Price, Douglas 2605 No Howard Auc 79 mpg -SANDERSON, WATTS JR. D 1125 SPRUCE STREET **TAMPA FL 33607** D WALKER, ROSEMARY POST OFFICE BOX 4465 N/A **TAMPA FL 33677** D BARNES, GERALDINE 2606 ST. CONRAD ST., APT. B **TAMPA FL 33607** 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Mr. <u>er</u>ou FISHER, MARGARET A Street Address (P.O. Box Number i Not Acceptable) 1744 BEACH ST. Howan **TAMPA FL 33607** 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. or 617.0505, F.S. Signature of Registered Agent EGISTERED A ENT MUST SIGN officer or director or the receives 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



10/29/2002

Department of State Division of Corporation P.O. 6327 Tallahassee, Florida 32314

Dear Sir/Madam:

Please find enclosed a check for \$61.25. As per my conversation with one of your representatives, the information concerning our annual report was sent to the wrong address. It was sent to 1744 beach Street instead of our address, which is 1803 North Howard Avenue Tampa, Florida 33607.

On 1/11/02, two letters were sent to your office: one letter requested a copy of our 2001 Uniform Business Report and the other provided you with our new address and the change in the Board of Directors. Please remove Mr. Terence Laster as a Board member.

Please add Mr. Leroy Moore as our Resident Agent and Ms. Dora L. Reeder and Dr. Douglas Price as two of our most recent board members. I have included a list of all of our board members.

Sincerely.

Mr. Michael Randolph

Economic Developer Manager/Grant Writer