


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000006116					
1. Corporation Name Greater Tampa Heights Community Development Corporation					
2. Principal Office Address 1808 N. Morgan St. Suite, Apt. #, etc.			3. Mailing Office Address same Suite, Apt. #, etc.		
City & State Tampa FL			City & State		
Zip 33602	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 10/05/99	
5. FEI Number 59-3605358				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name David Foster					
Street Address (P.O. Box Number is Not Acceptable) 2826 N Central Ave					
Suite, Apt. #, Etc.					
City Tampa					
State FL					
Zip Code 33602					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <i>David Foster</i>				Date 10/29/01	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PD	Joni C Stewart	310 E Oak Ave	Tampa FL 33602		
VPD	Julian Erwin	2403 Ardson Pl	Tampa FL 33629		
VPD	John Duhig	1603 N Florida Ave	Tampa FL 33602		
SD	Becky Clarke	5139 S Nichol St	Tampa FL 33611		
SD	Lori Portier-Brown	5300 West Cypress St	TAMPA FL 33607		
10. 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: <i>David Foster</i>				Date 10/29/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 277-0080	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

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