

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000072256

1. Corporation Name

COMMUNITY OUTREACH SERVICES OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

3203 W. WATERS AVE.
B
TAMPA FL 33614

8653 LAKE ISLE DR.
TAMPA FL 33637

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

07/23/2001

5. FEI Number

59-3737258

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CUSACK, JAMES P	1502 W BUSCH BLVD STE K	TAMPA FL 33614
D	CUSACK, ROSE M	1502 W BUSCH BLVD STE K	TAMPA FL 33614

8. Name and Address of Current Registered Agent

RUGG, WILLIAM N
100 S ASHLEY DR STE 1500
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

JAMES CUSACK

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

3203 W. WATERS AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

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

James Cusack
REGISTERED AGENT MUST SIGN

Date

10/24/03

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:

James Cusack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES CUSACK 10/24/03 (813) 765-4160
Date Daytime Phone #

FILED
03 OCT 31 PM 6:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900024298369

10/24/03-10007-029 **750.00

REINSTATEMENT 03

CR2040 (7/03)