PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 OCT 31 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004347**

1. Corporation Name

EAST COAST MIGRANT HEAD START PROJECT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7289 WINTER HAVEN FL 33883	P.O. BOX 7289 WINTER HAVEN FL 33883

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.: 41 3rd Street, S.W	Suite, Apt. #, etc.
City & State: Winter Haven FL	City & State
Zip: 33880 Country: Polk	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 08/22/1994

5. FEI Number: 52-1020023 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	~~CHEEK, CARRIE~~ AYERS, LINDA	~~1704 MOSSBERG CT.~~ 27 BIRDSEYE AVE.	~~WILMINGTON NC~~ CARIBOU, ME 04736
D/V	~~LAMBERT, JAMES L~~ DOUGHERTY-ZIELGLER, DONNA	~~990 DAUPHINE ST.~~ 9080 E.LAKE RD.	~~MOBILE AL~~ NORTH EAST, PA 16428
D/S	SHANNON, JO ELLEN	4200 WILSON BLVD., #740	ARLINGTON VA
D/T	O'BRIEN, GERALDINE	4200 WILSON BLVD., #740	ARLINGTON VA

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8. Name and Address of Current Registered Agent

LOGAN, THOMAS F PHD
41 THIRD ST., S.W.
WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

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 _____ Date 10/28/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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: Geraldine O'Brien 10-28-97 7032437522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #