

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV -6 AM 9:43

DOCUMENT # N04000003191

1. Corporation Name

Tillie Fowler Excellence in Public Service Series, I

400162573924
11/06/09--01049--006 **131.25

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REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box # 11651 Olde Mandarin Road		3. Mailing Office Address 11651 Olde Mandarin Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32223	Country USA	Zip 32223	Country USA

4. Date Incorporated or Qualified To Do Business in Florida March 30, 2004	
5. FEI Number 200955472	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Judith Albertelli

Street Address (P.O. Box Number is Not Acceptable)
11651 Olde Mandarin Road

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32223

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Judith Albertelli Date 10/31/09

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
D	Judith Albertelli	11651 Olde Mandarin Road	Jacksonville, Florida 32223
D	Judith Arranz	11834 Spiceberry Circle East	Jacksonville, Florida 32246
D	Jan Brannen	12856 Firethorn Lane	Jacksonville, Florida 32246
D	Ann Voss	5020 Bayshore Blvd., #401	Tampa, Florida 33611
D	Jerry Buchanan	7516 Chapel Hill Drive	Orlando, Florida 32819

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 contained in Chapter 119, 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: Jan Brannen Jan Brannen 10/31/2009 904-221-9635

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