PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 MAY 27 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32265

1. Corporation Name

COCAINE BABIES TASK FORCE, INC.

Principal Place of Business	Mailing Address
~~501 S. CLYDE MORRIS BOULEVARD DAYTONA BEACH, FL. 32114~~	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9497

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
P.O. BOX 10391 ROAD	P.O. BOX 10391 ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH, FL. 32120	City & State: DAYTONA BEACH, FL. 32124
Zip: 32124 Country: USA	Zip: 32124 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — X 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CHAIR/D	MS. DIXIE MORGESE	308 S. MARTIN LUTHER KING BOULEVARD	DAYTONA BEACH, FL. 32114
VICE-CHAIR/D	MS. MARTHA ARCAYA	955 ORANGE AVENUE, SUITE G	DAYTONA BEACH, FL. 32114
SEC/TREAS/D	MS. KAREN STONE	3875 TIGER BAY ROAD	DAYTONA BEACH, FL. 32124

300002199333--9
-06/03/97--01033--011
****420.00 ****420.00

5/29/97

8. Name and Address of Current Registered Agent

WILLIAM W. COX, M.D.
731 MARINA POINT DRIVE
DAYTONA BEACH, FL. 32015

9. Name and Address of New Registered Agent

Name: MS. DIXIE MORGESE
Street Address (P.O. Box Number is Not Acceptable): 308 S. MARTIN LUTHER KING BLVD.
Suite, Apt. #, Etc.:
City: DAYTONA BEACH, State: FL Zip Code: 32114

CR2E040 (12/96)

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: X Dixie L. Morgese Date: 3/3/97
DIXIE L. MORGESE REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Dixie L. Morgese 3/3/97 (904) 252-4228 X19
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIXIE L. MORGESE