

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 10 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703266

1. Corporation Name

Community Civic Organization,
Incorporated

200005822782--6

-06/18/02--01081--013

***1000.00 ***1000.00

REINSTATEMENT 88-02

200005822782--6

-06/18/02--01081--014

*****93.75 *****93.75

2. Principal Office Address

none

3. Mailing Office Address

% Pauline L. Grant

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 181
Thonotosassa FL
33592 Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/21/61

5. FEI Number

59-3618786

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pauline L. Grant

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

9609 Joe Ebert Road

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

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

Pauline L. Grant

REGISTERED AGENT MUST SIGN

Date May 15, 2002

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
Pres.	Pauline L. Grant "D"	9609 Joe Ebert Road	Seffner FL 33584
V. Pres	Annie E. Sutton "D"	11416 Pruitt Road	Seffner FL 33584
Rec. Sec.	Gracie Buchanan "D"	9351 Fowler Avenue	Thonotosassa FL 33592
Treas.	Paulette B. Brown "D"	9528 Joe Ebert Road	Seffner FL 33584
Corr. Sec.	Charlotte I. Anderson "D"	11724 Highview Road	Seffner FL 33584

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:

Pauline L. Grant Pauline L. Grant 5/15/02 813-986-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)