

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719016

1. Corporation Name

Neighborhood Center of West Volusia, Inc.

2. Principal Office Address

434 S. Woodland Blvd.

Suite, Apt. #, etc.

City & State

Deland, Florida

Zip  
32720

Country  
U.S.

3. Mailing Office Address

PO Box 1028

Suite, Apt. #, etc.

City & State

Deland, Fl.

Zip  
32721

Country  
U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 23, 1970

5. FEI Number

59-1380039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Robert Barbieri

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

434 S. Woodland Blvd.

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32720

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

REGISTERED AGENT MUST SIGN

Date Feb. 13, 2006

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
P.	Edward Talton	711 Lake Winnemissett Dr.	Deland, Fl. 32724
S.	Jeffrey Lau	768 Yale Rd.	Deland, Fl. 32724
T.	John Dickinson	820 E. Wisconsin Ave.	Deland, Fl. 32724
D.	Donald Musser	1521 Woodside Dr.	Deland, Fl. 32720

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:

Edward Talton

Feb. 13, 2006

(386) 734-8120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #