

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 22 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731285

1. Corporation Name

DORCAS DRAKE CHARITIES, INC.

Principal Place of Business

Mailing Address

#1 SANTA CLAUS LANE
JACKSONVILLE FL 32206

#1 SANTA CLAUS LANE
JACKSONVILLE FL 32206

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-1763733

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for filing of 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	4 City & State
D	CIOPRYNA, MUREIL	4028 PETER RABBIT DR.	JACKSONVILLE FL
DC	DRAKE, JONETTA	304 E. 7TH ST.	JACKSONVILLE FL
D	ROE, CATHERINE	13455 FOXWOOD HGTS. CR.	JACKSONVILLE FL
D	STUBBS, P. DREME	1866 WOODRIDGE CT.	MIDDLEBURG FL

8. Name and Address of Current Registered Agent

DRAKE, JONETTA
1648 LIBERTY ST.
JACKSONVILLE FL 32206

9. Name and Address of New Registered Agent

Name _____
Street Address _____
Suite, Apt. #, Etc. _____
City _____ State _____ Zip Code _____

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

Jonetta Drake
REGISTERED AGENT MUST SIGN

Date Nov. 18, 1999

11. 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:

Jonetta Drake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 18, 1999 - 904-662-2026
Date Daytime Phone #

CR25040 (8/88)