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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 28 PM 3:03

DOCUMENT # **734887**
1. Corporation Name
Community Of Concerned Citizens, Inc.

200110516512
10/09/07--01012--015 **131.25

REINSTATEMENT 06-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
St Hebron AME Church
Suite, Apt. #, etc.
1730 St Hebron Road
City & State
Quincy, FL
Zip
32352 Country

3. Mailing Office Address
329 Robinson Dr
Suite, Apt. #, etc.
City & State
Quincy FL
Zip
32351 Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3432436 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
Reginald A Cunningham
Street Address (P.O. Box Number is Not Acceptable)
329 Robinson Dr.
Suite, Apt. #, Etc.
City
Quincy State
FL Zip Code
32351

☒ 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 _____ Date _____
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
PO	Reginald A. Cunningham	329 Robinson Dr	Quincy, FL 32351
v	Ruby Houston	134 Houston Rd	Quincy, FL 32352
T	Elizabeth Thompson	94 Joseph Williams Rd	Quincy, FL 32351
S	Karen Jackson	95 Gamble Ln	Quincy, FL 32352
b	Karen Fitzgerald	Rt 6 Woodard Rd	Quincy, FL 32352
D	Brenda Banks	96 Adolphus Banks Rd	Quincy, FL 32351

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. 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:

Ruby Houston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Per-conversation with Mrs. Ruby Houston
the check is being written from Ms. Henry's
Account but the money was given to
Ms. Henry by Community of Concerned Citizens,
Inc.

TS 9/28/07