

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -2 AM 9:26

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 134887

1. Corporation Name

Community of Concerned Citizens Inc.

2. Principal Office Address - No P.O. Box #

94 Joseph Wms Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

94 Joseph Wms Rd  
Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

Zip

32351

Country

300122482303

04/07/08--01035--016 \*\*216.00

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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 Elizabeth L. Thompson

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

94 Joseph Williams Rd

Suite, Apt. #, Etc.

City

Quincy, FL

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

Elizabeth L. Thompson

REGISTERED AGENT MUST SIGN

Date

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
T	Elizabeth Thompson	94 Joseph Wms Rd	Quincy, FL 32351

REINSTATEMENT 06-08

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:

Elizabeth L. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2008

Date

Daytime Phone #

per conversation did not receive notice concerning return check