
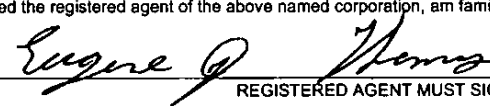



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2008 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 SEP 18 AM 8:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800136102848 03/18/08--01043--002 **\$61.25 CR2E081 (12/07)	
DOCUMENT # 734888					
1. Corporation Name Robertsville-St. John Community Development Association, Inc.					
2. Principal Office Address - No P.O. Box # 194 David Thomas Lane			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Quincy FL			City & State		
Zip 32351	Country Gadsden	Zip	Country		
7. Name and Address of Current Registered Agent			4. Date Incorporated or Qualified To Do Business in Florida		
Name Eugene Thomas			5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Street Address (P.O. Box Number is Not Acceptable) 698 mt Hosea Church Rd			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
Suite, Apt. #, Etc. Q			<input type="checkbox"/> 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.		
City Quincy	State FL	Zip Code 32352			
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 9-11-08		
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		
T	Dorothy Shaw	4015 Bainbridge Hwy	Quincy, FL 32351		
PD	Eugene Thomas	698 mt Hosea Church Rd	Quincy FL 32351		
M	Alphonso Ray	455 Goldwine Rd	Quincy FL 32352		
S	Nancy Marshall	401 mt Hosea Church Rd	Quincy FL 32352		
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: 		Date 9-11-08		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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