

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735657

1. Corporation Name

Community Services Foundation of Bay County, Inc.

2. Principal Office Address

P. O. Box 15483

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip
32406

Country
Bay

3. Mailing Office Address

P. O. Box 15483

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip
32406

Country
Bay

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/23/1976

5. FEI Number

59-1681213

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

Albert J. Stopka, III

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

108 Mosley Drive

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

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

12/21/05

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
PD	Lola Bowditch	P. O. Box 8493	Southport, FL 32409
S	Kathy Stanley	1025 W. 19th St. # 18-D	Panama City, FI 32405
TD	Richard Youd	P. O. Box 59350	Panama City, FI 32402
VPD	John Holloman	507 Parkwood Drive	Panama City, FI 32405
VPD	Shirley Jenkins	1220 Transmitter Road	Panama City, FI 32401

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 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:

Lola J. Bowditch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-05

Date

(850) 785-1130

Daytime Phone #

12/21/05