

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 MAY 22 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743557

1. Corporation Name

Taylor Adult Meals Program, Inc.

2. Principal Office Address

226 N. Jefferson St.

Suite, Apt. #, etc.

City & State

Perry, Florida 32347

Zip

32347

Country

Taylor

3. Mailing Office Address

226 North Jefferson St.

Suite, Apt. #, etc.

City & State

Perry, Florida 32347

Zip

32347

Country

Taylor

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

7-12-1978

5. FEI Number

59-1830205

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

Angela Ball

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

615 N. Jefferson St.

Suite, Apt. #, Etc.

City

Perry

State
FL

Zip Code
32347

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

Angela Ball

REGISTERED AGENT MUST SIGN

Date 4/14/2000

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
E. D.	Wynette Huxford Director	123 Lacour Lane	Perry, Fl. 32347
Pres.	Faye Stewart Trustee	Rt. 1, Box 204	Lamont, Fl. 32336
V.Pres.	Jimmie Watkins Trustee	106 Blalock St.	Perry, Fl. 32347
Secr.	Jean Livingston Trustee	106 Pine Tree Rd.	Perry, Fl. 32347
Tres.	Fran Finecey Trustee	Rt. 2, Box 282	Perry, Fl. 32347

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:

SIGNATURE OF OFFICER, TRUSTEE, OR DIRECTOR

Wynette Huxford Director 4/26/00 850-584-4924

Date

Daytime Phone #

CR2E081 (9/99)