

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -9 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743557

1. Corporation Name

TAYLOR COUNTY SENIOR SERVICES, INC.

Principal Place of Business

226 N JEFFERSON STREET
PERRY FL 32347

Mailing Address

226 N JEFFERSON STREET
PERRY FL 32347



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
226 N. Jefferson St.

City & State
Perry, FL.

Zip 32348 Country Taylor

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
Taylor Florida

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1978

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ED	HUXFORD, WYNETTE	123 LACOUR LANE	PERRY FL 32347
TP	STEWART, FAYE Bill Craft Pres	ROUTE 1, BOX 204 580 Hw. 27 East	PERRY FL 32336
TV	WATKINS, JIMMIE Diane Ching Tres./secre	100 BLALOCK STREET	PERRY FL 32347
TS	LIVINGSTON, JEAN Andy Simmons Vice Pres	106 PINE TREE RD 2100 Ellison Rd.	PERRY FL
TT	FINECEY, FRAN	ROUTE 2, BOX 282	PERRY FL 32347

8. Name and Address of Current Registered Agent

BALL, ANGELA
615 NORTH JEFFERSON STREET
PERRY FL 32347

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200004703342-6

12/04/01-01013-010

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FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Angela M. Ball
REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela M. Ball, E.D. 10-12-01 850-584-4924