

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743557

1. Corporation Name

TAYLOR COUNTY SENIOR SERVICES, INC.

Principal Place of Business

226 N JEFFERSON STREET
PERRY FL 32348

Mailing Address

226 N JEFFERSON STREET
PERRY FL 32348

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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
D	HUXFORD, WYNETTE	123 LACOUR LANE	PERRY FL 32347
PT	CRAFT, BILL	580 HIGHWAY 27 EAST	PERRY FL 32336
TST	CHING, DIANE	580 HIGHWAY 27 EAST	PERRY FL 32336
VT	SIMMONS, ANDY Bill Pyle	2100 ELLISON RD 312 Glenridge Rd.	PERRY FL

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

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/30/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-03 850-584-4924

FILED

03 FEB 28 PM 1:00

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02/11/03 10:01:02 **236.25
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03

CR2E040 (8/02)