

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 746707

1. Corporation Name

High Springs Community Development Association, Inc.

Principal Place of Business

Mailing Address

High Springs Child Care Center  
210 Taylor Avenue  
High Springs, FL 32643

P.O. Box 1236  
High Springs, FL 32655

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

04/11/1979

5. FEI Number

59-1387269

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
Director	Tammy Anderson	215 NW 15th Street	High Springs, FL 32643
Director	Herbert Jones	325 NW 12 ST	High Springs, FL 32643
Director	Mildred Brown	1560 NW 1st Avenue	High Springs, FL 32643
Director	Joseph Kelly	NW 13th Street	High Springs, FL 32643
Director	Cassandra G. Davis	510 NW 13th Street	High Springs, FL 32643

8. Name and Address of Current Registered Agent

Weston L. Primm

704 Northwest 12th CT  
Gainesville, FL 32601

9. Name and Address of New Registered Agent

Name

Cassandra G. Davis

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

510 NW 13th Street

Suite, Apt. #, Etc.

City

High Springs,

State

FL

Zip Code

32643

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

*Cassandra G. Davis*  
REGISTERED AGENT MUST SIGN

Date 1/10/2000

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Cassandra G. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cassandra G. Davis

1/10/2000

(904) 454-2693

Date

Daytime Phone #