

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 18 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754391

1. Corporation Name

Volunteer Service Bureau of Marion County, Inc.
dba Big Sun Volunteer Center

2. Principal Office Address

610 SW 13th Street

Suite, Apt. #, etc.

Ocala, FL

City & State

34474

Zip

Country
USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

200005049692--4

-03/06/02--01033--009

****306.25 ****306.25

4. Date Incorporated or Qualified

To Do Business in Florida 09/26/1980

5. FEI Number

59-2045089

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

Cindy Marshall

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

610 SW 13th Street

Suite, Apt. #, Etc.

City

Ocala, FL

State
FL

Zip Code
34474

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

Cindy Marshall
REGISTERED AGENT MUST SIGN

Date 02/08/02

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
P	Deborah Webb Board Chairperson	Sprint, PO Box 610 Broadway Street	Ocala, FL 34478
S/T	David Lossing Secretary/Treasurer	1724 SE 17th Ave.	Ocala, FL 34471
D	Nancy Ditsworth	Penney's, 3100 SW College Rd.	Ocala, FL 34474
D	Cindy Marshall Executive Director	610 SW 13th Street	Ocala, FL 34474

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:

Cindy Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Marshall

02/08/02 352-732-4771

Date

Daytime Phone #

CR2E081 (9/01)