

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR 30 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 755438

**1. Corporation Name**

THE CITIZENS' IMPROVEMENT LEAGUE OF WIMAUMA, FLORIDA,  
INC.

**2. Principal Office Address**

P.O. Box 825

Suite, Apt. #, etc.

City & State

Wimauma, FL

Zip

33598

Country

USA

**3. Mailing Office Address**

P.O. Box 825

Suite, Apt. #, etc.

City & State

Wimauma, FL

Zip

33598

Country

USA

**REINSTATEMENT** 03-84

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

12/09/1980

**5. FEI Number**

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

HAZEL JACKSON

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

5917 ALLY ST

Suite, Apt. #, Etc.

City

Wimauma

State

FL

Zip Code

33598

**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

*Hazel Jackson*  
REGISTERED AGENT MUST SIGN

Date April 12, 2004

**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/C	Rev. J.B. Garriss	2116 Taft Street	Wimauma, FL 33598
V/D	Lowell Thompson	3344 Ridge Road	Wimauma, FL 33598
S/D	Hazel Jackson	5917 ALLY ST	Wimauma, FL 33598
T/D	Randy R. Richens	404 7th Street	Wimauma, FL 33598
D	James DeGrasse	3205 Tina Marie Circle	Wimauma, FL 33598
See attachment for additional Directors			

**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 807 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:**

*JAMES DEGRASSE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2004 813-633-5112

Date

Daytime Phone #

CR2ED01 (01/04)

B 2072

**Attachment to Corporation Reinstatement form - Section 9**

Names and street addresses of additional Directors:

D.	James Berrien Sr.	5803 Vel Street	Wimauma, FL 33598
D	Clara Thompson	3344 Ridge Road	Wimauma, FL 33598
D	Denise Carter	115 Railroad Street	Wimauma, FL 33598
D	Brenda Ivy	5803 Aley Street	Wimauma, FL 33598
D	Enrique Gallegos	410 5th Street	Wimauma, FL 33598
D	John Bricher	1513 N. Lake	Sun City Center, FL 33573