

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -7 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004511

1. Corporation Name

Southeast Rural Community Assistance Project, Inc.

2. Principal Office Address - No P.O. Box #

145 W. Campbell Avenue

Suite, Apt. #, etc.

Suite 800

City & State

Roanoke

Zip

VA

Country

3. Mailing Office Address

145 W. Campbell Avenue

Suite, Apt. #, etc.

Suite 800

City & State

Roanoke

Zip

24011

Country

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

09/05/2003

5. FEI Number

541055050

☐ 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

Mary Terry

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

2135 Northwest 40th Terrace

Suite, Apt. #, Etc.

Suite A

City

Gainseville

State

FL

Zip Code

32605

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
Chair	Mr. Terry D. Lewis	358 Edgar Lane	Elberon, VA 23846
v chair	Ms. Mable Friend	4447 Harmony Road	Preston, MD 21655
Sec.	Ms. Carmela Moore	112 N. Main Street, Room 201	Hinesville, GA 31310
Pres.	Mrs. Mary Terry	3408 Pittsfield Avenue	Roanoke, VA 24017

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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 contained in Chapter 119, 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 #

KS