

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -9 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F 0300006471*

1. Corporation Name

Community Ties of America, Inc.

REINSTATEMENT 07-09

100149333511
04/09/09--01041--024 **450.00

CR2E081 (12/08)

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

1802 N. Alafaya Trail

3. Mailing Office Address

214 Overlook Cr.

Suite, Apt. #, etc.

158

Suite, Apt. #, etc.

Sk. 105

City & State

Orlando FL

City & State

Brentwood TN

Zip

32826

Country

USA

Zip

37027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/2003

5. FEI Number

62-1733882

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

Ron Lee

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

1802 N. Alafaya Trail

Suite, Apt. #, Etc.

158

City

Orlando

State

FL

Zip Code

37027

☒ 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

Ron Lee

Date

4/8/09

REGISTERED AGENT MUST SIGN

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
<i>CP</i>	<i>Ronald Lee</i>	<i>163 Richards Glen Dr.</i>	<i>Franklin TN 37067</i>
<i>S</i>	<i>Eric Brown</i>	<i>424 Jutta Petway St.</i>	<i>Franklin TN 37064</i>

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:

Eric W. Brown

Eric W. Brown

4/8/2009

(615) 661-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #