

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

ation Name
C.C.F. of Pinellas, Inc.

Principal Place of Business

Mailing Address

1101 Melcher Rd S
Largo, FL 33771

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

Count

Zip

Country

4. Date Incorporated in _____
To Do Business in Florida _____

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address for each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Christine Cuthbertson	425 N. Union Ave.	Stanford, N.J. 07066
			800002171638--8 -05/08/97--01073--017 ***1500.00 ***1500.00
			800002171638--8 -05/08/97--01073--018 *****75.00 *****75.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone: