

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 MAR 20 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*REINSTATEMENT
2004-2008*

*OCG
4/3*

DOCUMENT # *N00000000095*

1. Corporation Name

Unity in Community, Inc

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

230 B. Street

Suite, Apt. #, etc.

3. Mailing Office Address

230 B. Street

Suite, Apt. #, etc.

City & State

Lake Wales, FL

City & State

Lake Wales, FL

Zip

33853

Country

Polk

Zip

33853

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

1/5/00

5. FEI Number

59-3627595

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 *Clinton Horne*

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

230 B. Street

Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33853

☒ 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

Clinton Horne

REGISTERED AGENT MUST SIGN

Date

3/26/08

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>Pres</i> | <i>Howard Kay</i> | <i>815 State Road 60 East</i> | <i>Lake Wales, FL 33853</i> |
| <i>V/Pres</i> | <i>Clinton Horne</i> | <i>230 B St.</i> | <i>Lake Wales, FL 33853</i> |
| <i>T/D</i> | <i>Betty Wojcik</i> | <i>3410 W. Central Ave</i> | <i>Lake Wales, FL 33853</i> |
| <i>S/D</i> | <i>Colette Braunstein</i> | <i>749 Hwy 60 East</i> | <i>Lake Wales, FL 33853</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:

Howard Kay

Howard Kay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/08

Daytime Phone #

863-676-1991