

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 DEC 15 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000002660

1. Corporation Name

Tallahassee/Leon County Anti-Drug Anti-Violence Alliance, Inc.

400082573844
12/15/06--01047--005 **297.50
~~400082573844~~
~~12/15/06--01047--005 **150.00~~

CR2E081 (12/05)

2. Principal Office Address
4506 Deslin Court

3. Mailing Office Address
4506 Deslin Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State
Tallahassee, Florida

Zip
32305

Country
USA

Zip
32305

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 4/13/01

5. FEI Number 59-3720516

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 Shari Moore

Street Address (P.O. Box Number is Not Acceptable) 4506 Deslin Court

Suite, Apt. #, Etc.

City Tallahassee

State
FL

Zip Code 32305

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**

Shari Moore

REGISTERED AGENT MUST SIGN

Date 11/15/06

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	Shari Moore	4506 Deslin Court	Tallahassee, FL 32305
D	Rachel Oliver	2110-E S. Adams Street	Tallahassee, FL 32301
D	Anita Morrell	840 Eagleview Drive	Tallahassee, FL 32311

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:

Shari Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/06

Daytime Phone #