

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003401**

1. Corporation Name

CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.

Principal Place of Business

Mailing Address

5755 CHAIRES CROSS RD.
TALLAHASSEE FL 32311

5755 CHAIRES CROSS RD.
TALLAHASSEE FL 32311



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-3717619**
57-3717619 APPLIED FOR

Applied For
Not Applicable

City & State

City & State

Zip Country Zip Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HAMMOCK, CASSIE	8137 BUCKLAKE RD.	TALLAHASSEE FL 32311
SD	LOVE, CHRISTINE	658 LIBERTY ST., APT. #4	TALLAHASSEE FL 32310
TD	BROWN, JOSEPH	2616 MISSION RD., APT. #86	TALLAHASSEE FL 32304
			309825821763 12/30/03--01004--011 **472.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMMOCK, CASSIE
8137 BUCKLAKE RD.
TALLAHASSEE FL 32311

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** 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. or 617.0505, F.S.

Signature of Registered Agent *Cassie Hammock* Date Dec 9, 2003
REGISTERED AGENT MUST SIGN

11. 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: *Cassie Hammock* CASSIE HAMMOCK Dec 9 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#

CR2E040 (7/03)