

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004126

1. Corporation Name

COMMUNITY SERVICES INSTITUTE, INC.

Principal Place of Business

5147 CARIBBEAN BLVD.
#1113
WEST PALM BEACH FL 33407

Mailing Address

5147 CARIBBEAN BLVD.
#1113
WEST PALM BEACH FL 33407

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

06/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

71-0886328

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P D	WILLIAMS, MARY MRS.	5147 CARIBBEAN #1113	WEST PALM BEACH FL 33407
V D	YOUNG, LORENZO	5147 CARIBBEAN #1113	WEST PALM BEACH FL 33407
S D	CHRISTIAN, GERALD	5147 CARIBBEAN #1113	WEST PALM BEACH FL 33407

8. Name and Address of Current Registered Agent

WILLIAMS, MARY
5147 CARIBBEAN BLVD.
#1113
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

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

Mary Williams
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/02

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:

MARY WILLIAMS
Mary Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

CR20040 (8/02)

November 1, 2002

Mary Williams
Community Services Institute
5147 Caribbean Blvd. #1113
West Palm Beach, Fl. 33407

Mailing address: PO Box 2462, West Palm Beach, Fl. 33402-2464

Florida Department of State
Re: Reinstatement of Corporation
#N01000004126

To Whom It May Concern:

I am writing to request the reinstatement of our corporation and the waiving of the fee. I received this dissolution statement and do not understand why. The payment of \$61.25 was submitted and have not received anything else until this form was sent.

I would appreciate your assistance in getting this matter resolved and our organization corporation status reinstated as soon as possible.

Thank You.

Mary Williams