

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 OCT 30 AM 8:02

SECRETARY OF STATE
TA 6000008699526
10/30/02--01072--003 **\$1.25

DOCUMENT # N01000004921

1. Corporation Name

GARDEN VILLA'S NEIGHBORHOOD FAMILY CENTER, INC.

Principal Place of Business

60 A SANDLEWOOD DR. WEST
CLEARWATER FL

Mailing Address

60 A SANDLEWOOD DR. WEST
CLEARWATER FL

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

10/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3742549

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	GREEN, CHERIE	1047 54TH AVE. S	ST. PETERSBURG FL 33705
VD	SEALS, CINDY	83 TANGLEWOOD DR.	CLEARWATER FL 33759
TD	GAMMON, ANDREA	125 FERNWOOD AVE, #1	CLEARWATER FL 33765
SD	SMITH, JACKIE	30 LADY MARY DR., #2	CLEARWATER FL 33755

8. Name and Address of Current Registered Agent

GREEN, CHERIE
1047 54TH AVE. S.
ST. PETERSBURG FL 33705

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

CR02040 (8/02)

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

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-25-02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-02

Daytime Phone #

October 25, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We, at Garden Villas Neighborhood Family Center, are informing the division of Corporations that we did not receive any prior documents regarding our 2002 annual report/uniform business report.

Enclosed we have included our application for reinstatement, and the annual report fee of \$61.25.

Thank you,


Tracey Peoples