

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 10 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N1000005031**

**1. Corporation Name**

Palmetto Family Community Life Center, Inc.

**2. Principal Office Address**

2410 - 4th Avenue East

Suite, Apt. #, etc.

N/A

City & State

Palmetto

Zip

34221

Country

USA

**3. Mailing Office Address**

2410 - 4th Avenue East

Suite, Apt. #, etc.

N/A

City & State

Palmetto

Zip

34221

Country

USA

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

07/16/2001

**5. FEI Number**

03-0448990

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

**7. Name and Address of Current Registered Agent**

Name

Layon F. Robinson, II

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

442 - 12th Street West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

**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

REGISTERED AGENT MUST SIGN

Date

4/17/03

**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	Charles Williams	4305 - 17th Street	Ellenton, FL 34222
V	Layon F. Robinson, II	442 - 12th Street West	Bradenton, FL 34205
T	Samuel D. Pollard	413 - 21st Street East	Palmetto, FL 34221
S	Barbara Harvey	1107 - 26th Court East,	Palmetto, FL 34221
D	Clarence George	4219 - 2nd Avenue	Bradenton, 34208

**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 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:

Charles N. Williams Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES N. WILLIAMS, JR.

Date

4/11/03

Daytime Phone #

(941) 812-2195

CR2E081 (10/02)

21619