

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006136

1. Corporation Name

THE TRI-COUNTY BREAST CANCER SUPPORT GROUP, INC.

Principal Place of Business

10051 NW 37TH AVE  
CHIEFLND FL 02626

Mailing Address

P.O. BOX 38  
CHIEFLND FL 32644

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02-03



100025462071

12/12/03--01049--010 \*\*227.50

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/2001

5. FEI Number

59-3739964

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	Evelyn M. Harris	10051 NW 37th Ave	Chiefland FL 32626
D	Nancy Bictela	103 NE 196th Ave	Cross City FL 32628
VP/D	Dorothy L. Smith	74 NE 234th Ave	Cross City FL 32628
T/D	Glennie Case	1216 S. Main Street	Chiefland FL 32626

8. Name and Address of Current Registered Agent

HARRIS, EVELYN M  
10051 NW 37TH AVE  
CHIEFLND FL 02626

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

*Evelyn M. Harris*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/10/03

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:

*Evelyn M. Harris*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/ 352-490-4545  
Date Daytime Phone #

CR2ED40 (8/02)