

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 AM 11:41

DOCUMENT # NO1000007023

1. Corporation Name
TLC Pregnancy Center

2. Principal Office Address - No P.O. Box # <u>410 S. 9th Street</u>		3. Mailing Office Address <u>P.O. Box 15454</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Fernandina Beach FL</u>		City & State <u>Fernandina Beach FL</u>	
Zip <u>32034</u>	Country <u>USA</u>	Zip <u>32034</u>	Country <u>USA</u>

600166945846
01/22/10--01029--024 **122.50
REINSTATEMENT 09-10

4. Date Incorporated or Qualified To Do Business in Florida <u>10/31/2001</u>	
5. FEI Number <u>68-0517846</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>JoAnne M. Conlon</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>96079 Oyster Bay Dr.</u>			
Suite, Apt. #, Etc.			
City <u>FERNANDINA Bch</u>	State <u>FL</u>	Zip Code <u>32034</u>	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 JoAnne M Conlon
REGISTERED AGENT MUST SIGN

Date 1/11/2010

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
Board Chair	Ken Porter	2625 Long Boat Dr.	Fernandina Beach, FL 32034
Board mem	John Cuthbert	2819 Ocean Mist Dr.	Fernandina Beach, FL 32034
Board Secy	Barb Porter	2625 Long Boat Dr.	Fernandina Bch FL 32034
Vice Chair	Joane Wren	2358 Captain Kidd Dr.	Fernandina Bch FL 32034
PCC Dir.	Susan Holt	95048 Ventures Ct.	Fernandina Bch FL 32034
Board mem	Richard Youngs	201 Centre St.	Fernandina Bch FL 32034

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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: Ken Porter Ken Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2010 904.321-0507
Date Daytime Phone #