

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 NOV 14 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000007314**

1. Corporation Name

GADSDEN COUNTY R.E.E.A.C.H. INC.

Principal Place of Business

919 HARDIN ST
QUINCY FL 32351

Mailing Address

919 HARDIN ST
QUINCY FL 32351



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

10/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

03-6378721

Not Applicable

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
D	BATTLE, ARRIE	919 HARDIN ST	QUINCY FL 32351
D	BURGESS, ANGELA	23911 BLUE STAR MEMORIAL HWY	QUINCY FL 32351
D	FINCH, SOKOYA	400 GAITHER DR	TALLAHASSEE FL 32305
D	FORD, CAROLYN	527 KEY ST	QUINCY FL 32351
D	GEE, NANCY	508 N MADISON ST	QUINCY FL 32351
500008806735 11/05/02--01030--013 **61.25			

8. Name and Address of Current Registered Agent

BATTLE, ARRIE
919 HARDIN ST
QUINCY FL 32351

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

CR2EC40 (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

Arrie M. Battle
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-12-02
11/3/02

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:

Arrie M. Battle
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/05/02

Daytime Phone #

DO NOT REMOVE!

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Sokoya Finch
400 Gaither Drive
Tallahassee, FL 32305

November 1, 2002

Division of Corporations
Annual Report Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am writing this letter to notify you that we did not receive the prior notices of "Uniform Business Report for our agency, Gadsden County R.E.E.A.C.H., Inc." I am attaching a check for \$61.25 for reinstatement.

Thank you,



Sokoya Finch