

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008528

1. Corporation Name

TALL PINES FAMILY DEVELOPMENT CENTER, INC.

Principal Place of Business

120 DUGGAN AVE.

100 DUGGAN AVE

CRESTVIEW FL 32536

Mailing Address

P. O. BOX 878

CRESTVIEW FL 32536



REINSTATEMENT

03

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

12/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

74-3087837

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	YOZVIK, STEPHEN	1048 TALLOKAS ROAD	CRESTVIEW, FL 32536
P, D	HINSON, CHARLIE G	100 DUGGAN AVENUE	CRESTVIEW FL 32536
D, V	LEITSCHUCK, JOHN	548 PURL ADAMS AVENUE	CRESTVIEW FL 32539
D, S	HINSON, MICHAEL C	5833 OLD BETHEL ROAD	CRESTVIEW FL 32536
D	VICKI KENNISTON	102 FAIR OAK DR.	CRESTVIEW, FL 32539
900023866899 10/17/03--01004--007 **61.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HINSON, MICHAEL C  
100 DUGGAN AVE  
CRESTVIEW FL 32536

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

*Michael C Hinson*  
REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

*Michael C Hinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-03 850-902-1160

CR2E040 (7/03)

100 Duggan Avenue  
Crestview, FL 32536



**TALL PINES CENTER, INC.**

Ph. (850) 682-2730  
Fax (850) 682-0087

October 14, 2003

Division of Corporations  
ANNUAL REPORT/REINSTATEMENT SECTION  
P. O. Box 6327  
Tallahassee, FL 32314-6327

Gentlemen:

I received the notice of Corporate Dissolution for TALL PINES FAMILY DEVELOPMENT CENTER, INC., today.

Please be advised that this is the first communication I have received relating to this Corporation during the Calendar year 2003. Being a new Corporation, and there being a business of similar name one block away, I suggest that the mail was miss-directed.

Please continue to use P. O. Box 878 as the correct mailing address.

I am also entering by hand the name of Vicki Kenniston, a Board Member that was acknowledged last year, but not included on this notice.

I am requesting that you waive the Reinstatement Fee since we did not receive the notices.

I am enclosing our check for \$61.25 Annual Report Fee.

If this is not acceptable please contact me at (850) 902-1160.

Sincerely,

Charlie Hinson