


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # N02000002347

1. Corporation Name

THE COMMITTEE TO PRESERVE THE LEGACY OF HAVANA N
ORTHSIDE HIGH SCHOOL, INC.

Principal Place of Business

9778 FLORIDA-GEORIGIA HIGHWAY
HAVANA FL 32333

Mailing Address

9778 FLORIDA-GEORIGIA HIGHWAY
HAVANA FL 32333

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

2. New Principal Office Address, If Applicable

IRA GALVIN

Suite, Apt. #, etc.

P.O. Box 14

City & State

Quincy Florida

Zip

32353

Country

Gadsden

3. New Mailing Office Address, If Applicable

P.O. Box 14

Suite, Apt. #, etc.

P.O. Box 14

City & State

Quincy FL

Zip

32353

Country

Gadsden

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/2002

5. FEI Number

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
C	HENDERSON, HAROLD J	9778 FLORIDA-GEORIGIA HIGHWAY	HAVANA FL 32333
VC	ROSS, VERNELL	P.O. BOX 902	HAVANA FL 32333
S	FRANKLIN, MILDRED W. JAMES, NORA D.	311 CONVERS STREET 86 RED FERN COURT	HAVANA FL 32333 HAVANA, FL 32333-4416
M	LEWIS, AUDREY	303 ST JOHN CHURCH ROAD	HAVANA FL 32333
T	GALVIN, IRA	P.O. BOX 14	QUINCY FL 32351
M	MOORE, PHYLLIS	402 GLADE ROAD	HAVANA FL 32333

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGILL, WILLIAM A
828 ST. JOHN CHURCH ROAD
MIDWAY FL 32343

Name

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

Suite, Apt. #, Etc.

City

600025755086

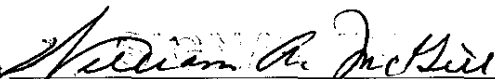
12/24/03--01037--00 State Zip Code

FL

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.

01/15/04--01009--010 **175.00

Signature of
Registered Agent

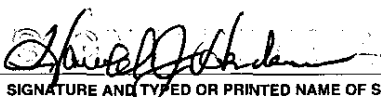


REGISTERED AGENT MUST SIGN

Date 21 October 2003

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-03

Date

(950)539-6707

Daytime Phone #

CR2E040 (7/03)