

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000002670**

1. Corporation Name

**The Harry T. AND Harriette V. Moore Cultural
Complex, Inc.**

2. Principal Office Address

3. Mailing Office Address

P.O. Box 817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mims FL

Zip

Country

Zip

Country

32754

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/05/2002

5. FEI Number

59-3589791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Leroy G Smith

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

814 Sycamore Street

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32780

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

Leroy G. Smith

REGISTERED AGENT MUST SIGN

Date **04/27/04**

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
D	Rowe, Clarence	418 Pennsylvania Avenue	Rockledge FL 32955
V	Rich, David N.	4030 Winter Terrace	Titusville FL 32780
S	Bartley, Gloria W	1320 Hobbs Avenue	Titusville FL 32796
D	King, Maxwell Dr.	1384 Waltham Heath Court	Rockledge FL 32955
P	Smith, Leroy G	814 Sycamore St.	Titusville FL 32780
T	Whitehead, Mildred	2224 Catawba	Cocoa, FL 32926

10. 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:

Leroy G. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04 321-267-3433

Daytime Phone #

CR2E081 (10/02)