

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 AUG 19 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009021

1. Corporation Name

Governor's West Neighborhood Revitalization Council Inc.

2. Principal Office Address - No P.O. Box #

1629 NW 4TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

C/O OCALA HOUSING AUTHORITY

Suite, Apt. #, etc.

1629 NW 4TH ST

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34475

Country

USA

Zip

34475

Country

USA

800263461578
08/19/14--01021--003 **297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

35-2190938

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

JACALYN BROWN

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

1910 NW 24TH CT.

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34475

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

REGISTERED AGENT MUST SIGN

Date 8/27/14

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
PRES	Ire Bethea	2657 NW 27th Ave	Ocala, FL 34475
VP	Shatasha Jones	1601 NE 25th Ave	Ocala, FL 34470
Sec./ Tres.	Jacalyn Brown	1910 NW 24th Ct	Ocala, FL 34475

REINSTATEMENT

AUG 19 2014

R. HUNT

10. E-mail Address: jbrown@ocalahousing.org

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jacalyn Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/2014

352-620-3350

Date

Daytime Phone #