

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 28 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N02580*

1. Corporation Name

Counseling & Resource Center For Women & Families, Inc.

2. Principal Office Address

2801 SW College Road

Suite, Apt. #, etc.

Suite 21

City & State

Ocala, FL

Zip

34474

Country

3. Mailing Office Address

2801 SW College Road

Suite, Apt. #, etc.

Suite 21

City & State

Ocala, FL

Zip

34474

Country

REINSTATEMENT *00-05*

4. Date Incorporated or Qualified

To Do Business in Florida *04/16/1984*

5. FEI Number

59-2522150

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

Carolyn H West

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

300 SW 36TH Place

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

Carolyn H West

Date

1-26-05

REGISTERED AGENT MUST SIGN

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	Carolyn H West	300 SW 36TH Place	Ocala, FL 34474
Ch D	Dr. Paul Urban	3400 SW 4th Avenue	Ocala, FL 34474
D	Karla Wilson	1965 SE 73 Loop	Ocala, FL 34480
D	Ellen Pantazis	2240 SE 5th Street	Ocala, FL 34471
D	Selina Alexander	6501 NW 67th Terrace	Ocala, FL 34482
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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:

Carolyn H West - Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-05

(352)861-8044

Daytime Phone #

CR2E081 (01/05)