

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 19 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03-1499

1. Corporation Name

DESTINED for A Charge, INC

300118326659
02/19/08--01032--015 **183.75

REINSTATEMENT 06-08
CR2E081 (12/07)

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

1809 Phoenix Avenue

3. Mailing Office Address

539 Estes Rd

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JAX FL

Zip

32206

Country

USA

Zip

32208

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/2003

5. FEI Number

11-3671487

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

Jacqueline A. Lattimore

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

539 Estes Rd

Suite, Apt. #, Etc.

City

JACKSONVILLE, FL

State

FL

Zip Code

32208

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jacqueline A. Lattimore

REGISTERED AGENT MUST SIGN

Date 2/13/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STD	Jacqueline A. Lattimore	539 Estes Rd	JAX, FL 32208
VPI	LUCIUS LATTIMORE	539 Estes Rd	JAX FL 32208
Treasurers	Alice Williams	422 W. 63RD ST.	JAX FL 32208
Secretary	Awen Higgins	6434 TENA AVE.	JAX, FL 32208
	Jacqueline A. Lattimore	539 Estes Rd	JAX, FL 32208

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 contained in Chapter 119, 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

Jacqueline A. Lattimore / JACQUELINE A. LATTIMORE

Date

Daytime Phone #

2/13/08
358-3966

2/20