

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 DEC 16 PM 3 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000001698

1. Corporation Name

The Serena Bailey Foundation, Inc.

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

c/o Lakeland Public Library

3. Mailing Office Address

same

Suite, Apt. #, etc.

100 Lake Morton Dr

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

33801

Country

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/2003

5. FEI Number

20-0187582

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

Philip O. Allen

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

225 East Lemon Street

Suite, Apt. #, Etc.

Suite 300

City

Lakeland

State

FL

Zip Code

33801

900215290209  
12/19/11--01001--013 \*\*358.75

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

*Philip O. Allen*

REGISTERED AGENT MUST SIGN

Date Dec 7, 2011

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
T	Finney, Lance C	214 Denese Lane	Auburndale, FL 33823
V	Patterson, Brenda J	2329 Rodgers Rd	Lakeland, FL 33813
P	Townsley, Averil J	4855 Magnolia Ave	Mulberry, FL 33860
S	Townsley, Tyler	4855 Magnolia Ave	Mulberry, FL 33860
<b>REINSTATEMENT</b>			
09-11 .lh			

10. E-mail Address: Brenda.Joyce.Patterson@gmail.com

(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:

*Lance C Finney, Treasurer*

SIGNATURE AND TYPER OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #