

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 15 PM 12:11

DOCUMENT # N03000004261

1. Corporation Name

COMMUNITY ACTION RESOURCE EFFORT INC

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

21812 NW 91st St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box ~~1000~~ 658

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, FL

Zip

32615

Country

USA

Zip

32616

Country

USA

500188711165
12/15/10--01026--002 **420.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/2003

5. FEI Number
52-2415955

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Valerie Ogle

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

21812 NW 91st Street

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

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

Valerie J. Ogle

REGISTERED AGENT MUST SIGN

Date *December 12, 2010*

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
P/D	Valerie Ogle	21812 NW 91st St	Alachua, FL 32615
S/D	Carol Bruck	16328 NW 129th Terr	Alachua, FL 32615
T/D	Carl Mink	18805 NW 80th Terr	Alachua, FL 32615
D	Susan Masla	14415 NW 146th Terr	Alachua, FL 32615
		REINSTATEMENT	12/14/10

10. E-mail Address: *carlmink.cpa@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., 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.

SIGNATURE:

Valerie Ogle

Valerie Ogle

352-240-2335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #