

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 16 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004655

1. Corporation Name

MARION COUNTY HOMELESS
COUNCIL, INC.

2. Principal Office Address

1401 NE Second St.
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1086
Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34478

Country

US

Zip

34478

Country

US

REINSTATEMENT 01-05

Doc. was return

1/5/05 01010 017 \$20.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Dr. Estella Ford-Hollins

200047542202

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

416 Cypress Road

03/02/05--01007--008 **61 25

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34472

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

Dr. Estella Ford-Hollins

Date 1/19/05

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
Chair	Dr. Estella Ford-Hollins	416 Cypress Road	Ocala FL 34472
Vice Chair	Ms. Jodi Pena	PO Box 2468	Ocala FL 34478
Treas	Ms. Nancy Schupp	PO Box 3628	Ocala FL 34478

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:

Dr. Estella Ford-Hollins

1/19/05

Date

352 680-1240

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)