PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 NOV 14 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300160686423
11/02/09--01045--002 **63.00

300160686423
09/15/09--01032--009 **236.25

DOCUMENT # N03000006146

1. Corporation Name

The Morning Dove Center For Teen Girls, Inc.

~~N09 41162T~~

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
435 Clark Rd	P.O. Box 77283
Suite, Apt. #, etc.: 412-2	Suite, Apt. #, etc.:
City & State: Jacksonville Florida	City & State: Jacksonville, Florida
Zip: 32218 Country: Duval	Zip: 32226 Country: Duval

4. Date Incorporated or Qualified To Do Business In Florida: 03/2004

5. FEI Number: 02-0677448 ☐ 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: Renee' Cromity

Street Address (P.O. Box Number Is Not Acceptable): 4625 Linecrest Dr. S.

Suite, Apt. #, Etc.:

City: Jacksonville 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: Renee Cromity Date: 09-10-09
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
President	Mrs. Renee Cromity	4625 Linecrest Dr. S. Jacksonville Fl. 3220	Jacksonville, Fl. 32208
Vice President	Mrs Teresa Burton	4436 Flintshire Rd	Jacksonville, f 32208
Treasurer	Mrs. Edith Inman	1064 Melson Ave.	Jacksonville Fl. 32254
Asst. Treasurer	Mr. AB Inman	1064 Melson Ave	Jacksonville Fl. 32254
Secretary	Ms. Ebony Autry (N.C.W)	101-8 W 48th St.	Jacksonville Fl. 32208
Consultant	Mr. Lawrence Hutchinson	1405 Stonewood CT. Apt 16A	Palatka Fl. 32177

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: Renee Cromity 09-10-09 904-418-0836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Renee gave reim. to correct doc → 11/14