

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG 20 PM 3: 59

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO3000009118**

1. Corporation Name

**The Josey Community Hope Center
Foundation Inc.**

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

15318 NW 133rd Terrace

Suite, Apt. #, etc.

N/A "none"

City & State

Alachua Florida

Zip

3261

Country

Alachua

3. Mailing Office Address

P.O. Box 203 Alachua

Suite, Apt. #, etc.

N/A "none"

City & State

Alachua Florida

Zip

3261

Country

Alachua

REINSTATEMENT 04-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10-20-03

5. FEI Number

51-0487774

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

Leila Pearl Josey

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

15326 NW 133rd Terrace

Suite, Apt. #, Etc.

"None"

City

Alachua

State

FL

Zip Code

32615

☒ 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. **I honestly never**

Received Any papers concerning my Inc.

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

Leila Pearl Josey

REGISTERED AGENT MUST SIGN

Date **8-15-08**

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
Dir.	Leila P. Josey	15326 N.W. 133rd Terr.	Alachua Fl. 32616
Asst Dir.	Billie Josey	15326 N.W. 133rd Terr.	Alachua Fl. 32616
Treasurer	"Bud" Calderwood	P.O. Box 2307	Alachua Fl. 32616
Chairman	Hal Brady	12325 County Rd. 241	Alachua Fl. 32616
Sec.	Tony Jones	P.O. Box 1250	Gainesville Fl. 32602

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:

Leila Pearl Josey - Leila Pearl Josey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-08

Date

Daytime Phone #

cell 352-214-6082

386-462-5890