

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN -4 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04000002955**

1. Corporation Name

**COMMUNITY CONCERN FOR CHILDREN &
FAMILIES, INC.**

800163183078
11/30/09--01043--007 **192.50

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

1258 ALWARD ST.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 380726
Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip **33980** Country **CHARLOTTE**

City & State

MURDOCK FL. 33938-0726

Zip **CHARLOTTE** Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/19/2004

5. FEI Number

N/AE

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

LUC G. VINCENT

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

1258 ALWARD ST.

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33980

☒ 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.

800163183078
12/21/09--01002--010 **61.25

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

LUC VINCENT
REGISTERED AGENT MUST SIGN

Date **11/22/2009**

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
PRES.	LUC G. VINCENT	1258 ALWARD ST.	PORT CHARLOTTE, FL 33980
VP	JEAN CLAUDE CORVIL	21294 PEACHLAND	PORT CHARLOTTE, FL 33954
SEC	MARIE CAROLE BAPTISTE	2426 BEACON DR.	PORT CHARLOTTE, FL 33952
BM	JEAN HYACINTHE	23528 DEAN AVE	PORT CHARLOTTE, FL 33954
BM	JEAN MARIO JOZIL	26062 SUNITO DR	PUNTA GORDA FL 33983
BM	JEANNE MYRIAM ALVISE	26169 MADROS CT	PUNTA GORDA FL 33983

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: **LUC G. VINCENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/2009 941-628-1800
Date Daytime Phone #