

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 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600135279446
09/03/08--01007--004 **245.00

DOCUMENT # **N04000010015**

1. Corporation Name

**Men Under Construction of Gadsden
County**

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

303 Washington St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1261

Suite, Apt. #, etc.

City & State

Quincy, Fl.

Zip

Country

32351

Gadsden

City & State

Quincy, Fl.

Zip

Country

32353

Gadsden

REINSTATEMENT
CR2E081 (12/67) 05-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

06-1772845

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

Terry W. Williams

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

303 W. Washington St.

Suite, Apt. #, Etc.

City

Quincy

State
FL

Zip Code

32351

☒ 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

Terry W. Williams

REGISTERED AGENT MUST SIGN

Date **8-20-08**

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
D	Ronnie Williams	1807 Meriandue Rd.	Tallahassee, Fl. 32303
S	Octavia R. Ash	440 S. Cone St.	Quincy, Fl. 32351
D	Clarence M. Jackson II	P.O. Box 213	Gretna, Fl. 32332
D.	Lena C. Dennard	P.O. Box 1241	Quincy, Fl. 32353
D	Alma Venisee	P.O. Box 105	Quincy, Fl. 32353
D	Terry Williams	P.O. Box 1261	Quincy, Fl. 32353

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:

Terry W. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-20-08

Daytime Phone #

AUG 20 2008