

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 28 PM 3: 08

DOCUMENT # **N04043**

1. Corporation Name

Big Bend CrimStopper, Inc.

2. Principal Office Address
438 West Brevard Street

3. Mailing Office Address
PO Box 938

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32301

Country
USA

Zip
32302-0938

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **7-05-1984**

5. FEI Number
59-2485578

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
Kathy McGhin

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **April 22, 2004**

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
P	Allen D. Stucks, Sr.	2414 Mexia Way	Tallahassee, FL 32304
V	Charles Castleton	2049 Foshalee Drive	Tallahassee, FL 32317
T	Jay Hodge	1519 NE Capital Circle	Tallahassee, FL 32308

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-04

Daytime Phone #

877-6418

MAY 28, 2004

FROM:

BIG BEND CRIME STOPPERS

PO BOX 938

TALLAHASSEE, FL 32302

TO:

DEPARTMENT OF STATE

409 E. GAINES ST

TALLAHASSEE, FL 32399

THIS IS TO CONFIRM THAT WE FILED OUR
REPORT IN MAY, 2003 AND DID NOT HEAR
FROM DEPT. OF STATE. WE FILED ANOTHER
REPORT IN OCTOBER OF 2003 AND SENT A \$700.00
CHECK THAT WAS CASHED. WE DID NOT
HEAR ANYTHING REGARDING THIS REPORT
EITHER.

WE WOULD APPRECIATE DEPT. OF STATE
WAIVING THE \$175.00 LATE FEE.

THANK YOU

~~H. Villenot~~

C. Villenot - EXECUTIVE DIRECTOR

BIG BEND CRIME STOPPERS