

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *No 40.46*

1. Corporation Name

Taylor County Leadership Council, INC.

2. Principal Office Address

1202 MLK JR AVE

Suite, Apt. #, etc.

City & State

Perry, Florida

Zip

32348

Country

U.S

3. Mailing Office Address

P.O. Box 1915

Suite, Apt. #, etc.

City & State

Perry, Florida

Zip

32348

Country

U.S

FILED

06 JAN 26 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E081-(12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/06/1984

5. EEL Number

59-2482011

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

William Monroe

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

3615 Golf Course Road

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32348

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

*William Monroe*

REGISTERED AGENT MUST SIGN

Date *23 Jan. 06*

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
CEOT	McCleod, Horace Dr.	8995 NW 6th	Plantation Court, FL 33324
P	Sirmans, Johnny	511 S. Warner Ave.	Perry, FL 32348
TBM	Bellamy, Amos	204 Alice St.	Perry, FL 32348
ST	Young, Lee	1352 W. Hampton Springs Ave	Perry, FL 32348
DBM	Monroe, William	3615 Golf Course Road	Perry, FL 32348

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:

*William Monroe* William Monroe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*23 Jan. 06*

Daytime Phone #