

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05000000087

1. Corporation Name

FRIENDS OF THE THIRD CIRCUIT DRUG COURTS, INC.

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

406 SW CASTILLO TERRACE

3. Mailing Office Address

406 SW CASTILLO TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

Zip

32055

Country

USA

Zip

32055

Country

USA

**7. Name and Address of Current Registered Agent**

Name  
MERRILL TUNSIL

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

343 E. DUVAL STREET

Suite, Apt. #, Etc.

City  
LAKE CITY

State  
FL

Zip Code  
32055

4. Date Incorporated or Qualified  
To Do Business in Florida

December 28, 2004

5. FEI Number

83-0414525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

REGISTERED AGENT MUST SIGN

Date

Sept 12, 2007

**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
President	Audre' Washington	406 SW Castillo Terrace	Lake City, FL 32055
Secretary	Merrill Tunsil	343 E. Duval Street	Lake City, FL 32055
Treasurer	Chase Moses	173 NW Hillsboro Street	Lake City, FL 32055

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Sep 2007

Date

Daytime Phone #

FILED

07 SEP 17 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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