

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAY 25 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003093

1. Corporation Name

Greater Frenchtown Area Front Porch Florida Revitalization Council, Inc.

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

421 W. Georgia Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Office Address

421 W. Georgia Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

REINSTATEMENT

CR2E081 (11/10)

11-12

4. Date Incorporated or Qualified
To Do Business in Florida 2005

5. FEI Number

593756778

☐ 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

Flowers, Fred H. ESQ

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

1501 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2817

200232436502
04/27/12--01040--007 **236.25

200232436502
05/24/12--01021--006 **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

REGISTERED AGENT MUST SIGN

Date 04-18-2012

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
CC	Scott, Darryl A.	613 W. Dunn St.	Tallahassee, FL 32304
VC	Floyd, Rodney	1001 Clay St.	Tallahassee, FL 32304
S	Davis Regina M.	710 Dewey St.	Tallahassee, FL 32304
D	Donovan, Mike	588 W. 6th Ave.	Tallahassee, FL 32304
D	Bellamy, James	525 W. Georgia St.	Tallahassee, FL 32301
D	Lewis, Thomas	7099 Ox Bow Rd.	Tallahassee, FL 32312

10. E-mail Address: dascott7@comcast.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Darryl A. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-12

Date

850-222-8432

Daytime Phone #

MW/5/25