

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **ND5000003159**

1. Corporation Name

Friendship Community Outreach Center, Inc.

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

29608 Camp Rd - Lane Park

Suite, Apt. #, etc.

City & State

Tavares, FL

Zip

32778

Country

US

3. Mailing Office Address

P.O. Box 1844

Suite, Apt. #, etc.

City & State

Tavares, FL

Zip

32778

Country

US

7. Name and Address of Current Registered Agent

Name

Michael J. Watkins

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

805 Summerall Ave.

Suite, Apt. #, Etc.

City

Tavares

State

FL

Zip Code

32778

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

Michael J. Watkins

REGISTERED AGENT MUST SIGN

Date

8-24-08

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	Reginald Walker	P.O. Box 1102	Umatilla, FL 32784
D	Samuel Rahming	416 Ingram Ave.	Tavares, FL 32778
D	William Lucas	180 Rand Ct.	Apopka, FL 32703

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:

Reginald C. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/08

Daytime Phone #

352 664 6039

FILED
08 AUG 28 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/28/08--01036--007 **183.75

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

3-21-05

5. FEI Number

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.

8/29