

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 13 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 5000004885

1. Corporation Name

The Charles Kenzie Steete
Foundation of Tallahassee, Fla.

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Fla.

Zip

Country

32305 Leon

Zip

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

06-10

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Mattie Mobley 10074

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

Blue Water Rd

Suite, Apt. #, Etc.

Tallahassee, Fla 32305

City

State
FL

Zip Code

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

Mattie Mobley

Date May 13, 2010

REGISTERED AGENT MUST SIGN

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
<input checked="" type="checkbox"/>	Mattie Mobley	10074 Blue Water Road	Tallahassee, Fla 32301
<input checked="" type="checkbox"/>	Laurie Dixie	1111 Tanner Dr	Tallahassee, Fla 32306
<input checked="" type="checkbox"/>	Charles Evans	851 Charles Evans	851 Circle Drive Tallahassee, Fla 32308
Vice President	Jannett Washington	3070 Kaloosa St.	Tallahassee, Fla 32310
Treasurer	Vestella Anderson	3839 Shamrock Street	Tallahassee, Fla 32309

10. E-mail Address:

(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., 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.

SIGNATURE:

Mattie Mobley

May 13, 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #