


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>70500005266</u>			
1. Corporation Name			
<u>NORTH COUNTY Community Organization, Inc</u>			
2. Principal Office Address		3. Mailing Office Address	
<u>2705-18TH Street</u>		<u>2705 18TH Street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<u>N/A</u>		<u>N/A</u>	
City & State		City & State	
<u>Sarasota, Florida</u>		<u>Sarasota, Florida</u>	
Zip	Country	Zip	Country
<u>34234</u>	<u>Sarasota</u>	<u>34234</u>	<u>Sarasota</u>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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4. Date Incorporated or Qualified To Do Business in Florida	<u>04-20-77</u>
5. FEI Number	<u>45-202-3969</u>
<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name	<u>Euline Myrick SR</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>2705-18TH Street</u>
Suite, Apt. #, Etc.	<u>N/A</u>
City	<u>Sarasota, Florida</u>
State	<u>FL</u>
Zip Code	<u>34234</u>
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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: Euline Myrick SR Date: 9-10-08  
 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
P	Euline Myrick SR.	2705-18th Street	Sarasota, FL. 34234
VP	Elouise Sheffield	5301 Newtown Blvd.	Sarasota, FL. 34234
S	Ethel Williams	3017 Newtown Blvd.	Sarasota, FL. 34234
T	Della Ferguson	3211 Birch Street	Sarasota, FL. 34234

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 under section 119.07(3)(i), 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: Euline Myrick SR. Date: 9-10-08 Daytime Phone #: 941-952-0668  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR