

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 NOV -3 PM 12:59

DOCUMENT # 705000005266

1. Corporation Name

NORTH County Community Organization Inc.

200162453402  
11/03/09--01029--011 \*\*61.25

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

2705-18th Street

3. Mailing Office Address

2705-18th Street

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34234

Country

USA

Zip

34234

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

4-20-77

5. FEI Number

000000000

☒ 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

Euline Myrick Sr.

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

2705 18th Street

Suite, Apt. #, Etc.

N/A

City

Sarasota

State

FL

Zip Code

34234

☒ 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

Euline Myrick Sr.

REGISTERED AGENT MUST SIGN

Date 10-26-09

**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
<u>P</u>	<u>Euline Myrick</u>	<u>2705 18th Street</u>	<u>Sarasota Florida 34234</u>
<u>V</u>	<u>Elouise Sheffield</u>	<u>3301 Newtown Blvd</u>	<u>Sarasota Florida 34234</u>
<u>S</u>	<u>Ethel Williams</u>	<u>3017 Newtown Blvd</u>	<u>Sarasota Florida 34234</u>
<u>T</u>	<u>Della Ferguson</u>	<u>3211 Bunch ST</u>	<u>Sarasota Florida 34234</u>

REINSTATEMENT

09 13 11/4/09

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:

Euline Myrick Sr.  
Euline Myrick Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-09

Date

Daytime Phone #

941-952-0668