

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10735

1. Corporation Name

ASSISTING COMMUNITIES TOWARD SELF-HELP, INC.

Principal Place of Business

Mailing Address

402 HIGH POINT DR -
COCOA FL 32926 -
US

402-HIGH POINT DR-
COCOA FL 32926-
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

914 Dixon Boulevard
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P. O. Box 3767
Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32922

Country

US

Zip

32924

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1985

5. FEI Number

59-2847607

Applied ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SS 716.20 (1-1-85) (1-1-85)
Form 1-C (1-1-85) (1-1-85)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BEALS, ROBERT L	402-HIGH-POINT DR	COCOA-FL-
STD	DIDOMENICO, PATRICK E	402-HIGH-POINT DR. 914 Dixon Boulevard	COCOA HIGHLAND DR. FL 32926 2
D	ERCOLANO, LORRAINE	800 N-FISKE BLVD - 914 Dixon Boulevard	COCOA FL 32922
PD	Malcolm R. Kirschenbaum	914 Dixon Boulevard	Cocoa, FL 32922
			800003060215--0 -12/03/99--01017--019 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

KIRSCHENBAUM, MALCOLM R
402 HIGH POINT-DR-
COCOA FL 32926 -

9. Name and Address of New Registered Agent

Name

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

914 Dixon Boulevard

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32924

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/15/99

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 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 *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malcolm R. Kirschenbaum, President

10/25/99
Date

407/632-4936
Daytime Phone #