

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

OCT 21 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N-22651**

1. Corporation Name

CHILD CONCERN of the AMERICANS, Inc

2. Principal Office Address

81 CHARLESTON HWY
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 747
Suite, Apt. #, etc.

City & State

YEMASSEE, SC

City & State

LOBECO, SC

Zip Country

29945 BEAUFORT

Zip

29931

Country

BEAUFORT

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1987

5. FEI Number

65-0234109

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

LEE LAMBERT

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

6581 WINDING LAKE DR

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

100008479791-8

-10/21/02-01072-012

******183.75 ****183.75**

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

Lee Lambert

REGISTERED AGENT MUST SIGN

Date **10/06/02**

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
PD	LEE LAMBERT	81 CHARLESTON HWY	YEMASSEE, SC 29945
SD	CATLIN LAMBERT	81 CHARLESTON HWY	YEMASSEE, SC 29945
VD	VICKI LYNN TAYLOR	6581 WINDING LAKE, DR	JUPITER, FL 33458

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:

Lee Lambert - LEE LAMBERT 10/06/02 843-846-4582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)