

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL 16 A 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26257**

1. Corporation Name

AIDS COALITION OF THE GLADES, INC.
Coalition

300183358093
07/16/10--01021--019 **603.75

CR2E081 (6/10)

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

673 S.E. 6TH STREET

3. Mailing Office Address

P.O. BOX 1128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLE GLADE, FL

City & State

BELLE GLADE, FL

Zip

33430

Country

U.S.A.

Zip

33430

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5-4-88

5. FEI Number

65-0154615

☐ 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

THOMAS MONTGOMERY, ESQUIRE

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

1 SE M.L. KING, JR. BOULEVARD

Suite, Apt. #, Etc.

City

BELLE GLADE

State

FL

Zip Code

33430

REINSTATEMENT
04-10
[Signature]

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

Date

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
PRES	SANDRA DANIELS	673 SE 6TH STREET	BELLE GLADE, FL 33430
V PR	JANICE BAIN	17524 83RD PLACE N.	LOXAHATCHEE, FL 33470
D	MONICA BEST	661 SE FIRST STREET	BELLE GLADE, FL 33430
SEC	PEGGY KING	140 SW 12TH AVENUE	SOUTH BAY, FL 33493
TRES	JANET LEWIS	146B WEYBRIDGE CIR.	ROYAL PALM BEACH, FL 33411
D	ERNEST BROWN	1216 SW AVENUE E	BELLE GLADE, FL 33430

10. E-mail Address: **Sandra Stewart59@yahoo.com**

(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: *Sandra Daniels*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/02/10