

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**

4. Date Incorporated or Qualified  
To Do Business in Florida **5-4-88**

5. FEI Number **65-0154615**  Applied For  
 Not Applicable

Zip  
**33430**

Country  
**U.S.A.**

Zip  
**33430**

Country  
**U.S.A.**

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*  
*JS*

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

*07/02/10*

Date

Daytime Phone #