

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N28228**

1 Corporation Name

COMPREHENSIVE COMMUNITY AND FAMILY SERVICES, IN C.

Principal Place of Business

Mailing Address

313 NORTH MACOMB STREET
TALLAHASSEE FL 32303

313 NORTH MACOMB STREET
TALLAHASSEE FL 32303

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

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

5578 Pedrick Plantation Circle
Tallahassee, FL
32311

4 Date Incorporated or Qualified To Do Business in Florida

09/07/1988

5 FEI Number

59-3312085

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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 | BROWN, JAMES G. | 5578 PEDRICK PLANTATION CIRCLE | TALLAHASSEE FL 32311 |
| VD | FORD, HAROLD Patricia Brown | 8028 PIN OAK ROAD 2616 Mission #88 | TALLAHASSEE FL 32310 Tallahassee FL 32303 |
| VD | ROYER, AL | 2589 PINE RIDGE ROAD | TALLAHASSEE FL 32308 |
| VD | CHAMBERS, WILLIE | 110 1ST STREET SE | TALLAHASSEE FL 32333 |
| T | HAMMOCK, CASSIE BROWN | 8137 BUCKLAKE ROAD | TALLAHASSEE FL 32311 |
| SD | JOSEPH W BROWN | 2616 MISSION RD #88 | TALLAHASSEE FL 32303 |

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

BROWN, JAMES G., PH.D.
5578 PEDRICK PLANTATION CIRCLE
TALLAHASSEE FL 32311

REINSTATEMENT

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

300003051933--1

Suite, Apt. #, Etc.

11/22/99-01130-012

City

State

Zip Code

FL

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

James G. Brown, Ph.D.
REGISTERED AGENT MUST SIGN

Date

11-3-99

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:

James G. Brown, Ph.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-99

Daytime Phone

(850) 309-0811