

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -1 AM 9:56

DOCUMENT # N30158

1. Corporation Name

MANATEE COMMUNITY COUNCIL FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

1101 6TH AVE W., SUITE 218
BRADENTON FL 34205
US

MANATEE COMMUNITY COUNCIL FOR CHILDREN
P O BOX 714
BRADENTON FL 34206
US

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

4. Date Incorporated or Date
To Do Business in Florida

5. FEI Number

56-3120204

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	FERGUSON, LORI	206 2ND ST. EAST	BRADENTON FL 34208
TD	LOWERY, JUANINE	4907 29TH AVE. W.	BRADENTON FL 34209
SD	MILLER, CYNTHIA	1101 6TH AVE. W. SUITE 218	BRADENTON FL 34208
SD	Foster, Shawn	1101 6th Ave. W. Suite 218	Bradenton, Fl. 34208
1100003500881-1 -12/14/00--01016--011 ****245.00 ****245.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PACE, PAULETTE R.
1111 3RD AVENUE WEST, SUITE 360
BRADENTON FL 34205

Name

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

Suite, Apt. #, Etc.

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

[Signature]

Date 11.27.00

REGISTERED AGENT MUST SIGN

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:

Lori Ferguson Lori Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-28-00

Daytime Phone #

745-7394

CR2E040 (8/00)