

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N32599**

1. Corporation Name

PROJECT GRADUATION OF MARION COUNTY 1989, INC.

Principal Place of Business

P.O. BOX 1572
OCALA FL 34478

Mailing Address

P.O. BOX 1572
OCALA FL 34478



REINSTATEMENT *or*

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1989

5. FEI Number

59-2951731

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD- VPD	CLIFTON, ANGELLA Marjorie McGee	1106 NE 23RD AVENUE- 2159 SE 7th Terrace	OCALA FL 34470 Ocala, Florida 34471
TD	FRANCO, MICHAEL	2159 SE 7TH TERRACE	OCALA FL 34471
SD	BUMBACH, MARSHA	14791 SW 29 AVE RD	OCALA FL 34473
PD- PD	PERRETT, RUSSELL Ken Daley	12332 SE 74TH TERRACE- 1314 SW 17th Street	BELLEVIEW FL 34420- Ocala, FL 34474
			000008828780 11/06/02--01066--002 **175.00
			000008828780 11/06/02--01066--003 **61.25

8. Name and Address of Current Registered Agent

PERRETT, RUSSELL
12332 SE 74TH TERRACE
BELLEVIEW FL 34420

9. Name and Address of New Registered Agent

Name

Marjorie McGee

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

2159 SE 7th Terrace

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code
34471

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/4/02**

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:

[Signature]
SIGNATURE REQUIRED

Michael J. Franco 11-4-02

352-351-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)