

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

99 NOV -1 PM 4:34

DOCUMENT # N35122

1. Corporation Name

SERVANTS OF THE PEOPLE, INC.

Principal Place of Business

Mailing Address

2302 NE 55TH BLVD
GAINESVILLE FL 32641

P.O. BOX 624
GAINESVILLE FL 32602
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 Qualified
To Do Business In Florida

11/06/1989

5. FEI Number

NOT APPLICABLE

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
ED	MOBLEY, ANNILEESE T	2302 N.E. 55TH BLVD.	GAINESVILLE FL 32641
VD	SPENCER, CARL	119 LAUREL ST.	ATHOL MA 01331
SD	OLLIFF, NATHANIEL	P.O. BOX 2303 N/A	GAINESVILLE FL 32602
TD	GEORGE, ESSIE M	6606 SW 59TH ST.	GAINESVILLE FL 32609
ACD	SPENCER, EMILY M	119 LAUREL STREET	ATHOL MA 01331

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOBLEY, ANNILEESE T
2302 NE 55TH BLVD.
GAINESVILLE FL 32641

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/29/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annileese T. Mobley

Date

Daytime Phone #

10/29/99 (352) 377-6725