

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N44028

99 OCT 25 PM 4:13

1. Corporation Name

BYRNEVILLE COMMUNITY CENTER, INC.

Principal Place of Business

1725 HWY 4-A
CENTURY FL 32535
US

Mailing Address

BOLEN, RAE
7600 KILLAM RD
CENTURY FL 32535
US

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

06/24/1991

5. FEI Number

59-3074108

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
DP	PORZ, WALTER Betty	2320 HWY 168	CENTURY FL
DT	BOLEN, RAE	7600 KILLAM RD. 2760 HWY 4A	CENTURY FL
DS D	NALL, KRISTAL Morgan Rose	2091 HWY 4A 1660 Morgan Rd.	CENTURY FL
DS	BOLEN, RUTH	7600 KILLAM RD 2760 HWY 4A	CENTURY FL 32535
DS D.V.P.	BURKETT, ANN	2351 W HWY 4-A	CENTURY FL
D D	UPTON, SELMA Willie Mae Childress	2190 HWY 4A 1361 Byrneville Rd	CENTURY FL Century Fl.

8. Name and Address of Current Registered Agent

BOLEN, RAE
7600 KILLAM RD. 2760 HWY 4-A
CENTURY FL 32535

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. 700003033177--4

City

State Zip 11/02/99--01104--012
*****61 FL *****61.25

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]

REGISTERED AGENT MUST SIGN

Date 10-21-99

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] Rae Bolen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-99 850-256-4293

CR2040 (1999)

OCTOBER 21, 1999

TO WHOM IT MAY CONCERN:

ON OCT OBER 16, 1999 I RECEIVED A NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION IN THE MAIL. I CALLED THE PHONE NNUMBER IN THE BOOKLET AND WAS CONNECTED WITH A MS. MICHELLE MILLIGAN. I EXPLAINED TO MS. MILLIGAN THAT I HAD NOT RECEIVED AN 1999 NONPROFIT CORPORATION ANNUAL REPORT PACKET AND HAD CALL SEVERAL TIMES AND KEPT GETTING VOICE MAIL. EACH TIME I ASKED FOR THE PACKET AND A PROFIT CORPORATION ANNUAL REPORT WAS SENT TO ME INSTEAD OF A NONROFIT. MS. MILLIGAN SAID FOR ME JUST TO SEND THE FORM BACK WITH A CHECK FOR \$61.25 AND A NOTE EXPLAINING WHAT HAD HAPPENED. I HAVE MADE ALL THE CORRECTIONS ON THE FORM AND A CHECK IS ENCLOSED.

THANK YOU



RAE BOLEN
TREASURER

