

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N9300000291**

1. Corporation Name

Community Intervention and Research Center, Inc.

Principal Place of Business

Mailing Address

FILED

99 NOV -8 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable

345 S. Magnolia Drive

Suite E-11

Tallahassee, FL
City & State
32301 Zip
USA Country

3. New Mailing Office Address, If Applicable

345 S. Magnolia Drive

Suite E-11

Tallahassee, FL
City & State
32301 Zip
USA Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/93

5. FEI Number

59-3160048

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	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D PRES	James Patrick	4263 Millwood Lane	Tallahassee, FL 32312
D VP	Charles Burkhead	Rt. 3 Box 3975	Havana, FL 32333
D Sec.	Pauline Patrick	4263 Millwood Lane	Tallahassee, FL 32312
D Treas.	Evelyn Burkhead	Rt. 3 Box 3975	Havana, FL 32333

REINSTATEMENT 99

8. Name and Address of Current Registered Agent

James Patrick
4263 Millwood Lane
Tallahassee, FL 32312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600003051936--1

11/22/99--01138--014

******236.25** **FL** ******236.25**

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

James Patrick

REGISTERED AGENT MUST SIGN

Date **10/19/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

James Patrick

Date

10/19/99

Daytime Phone #

CR2E081 (12/98)