

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N93000001305

1. Corporation Name

FLORIDA ASSOCIATION OF COMMUNITY CORRECTIONS, F
OUNDATION, INC.

Principal Place of Business

1462 4TH ST.
SARASOTA FL 34236

Mailing Address

1462 4TH ST.
SARASOTA FL 34236

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

REINSTATEMENT

03/18/1993

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3181421

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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
MD	MCGRIFF, DAVID	1515 NW 7TH ST. STE. 112	MIAMI FL 33125
MD	BLEYMAN, BECKY	800 VIRGINIA AVE.	FT. PIERCE FL 34950
DT	PITTMAN, LESLIE	3723 VISION BLVD.	ORLANDO FL
PD	MCCABE, PATRICK	1462 4TH ST.	SARASOTA FL 34236
TD	LINDA RANKIN	330 N. MAGNOLIA AVE	OCALA, FL 34478 280003053262--4 -11/23/99--01061--011 ****183.75 ****183.75

8. Name and Address of Current Registered Agent

MCCABE, PATRICK
1462 4TH ST.
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

Patrick McCabe

REGISTERED AGENT MUST SIGN

Date 10-13-99

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

10-13-99

Date

941-364-8850

Daytime Phone #