

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 17 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93 00000 2365**

1. Corporation Name

Pleasant Place, Inc.

2. Principal Office Address

732 NW 4th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32601

Country

Alachua

3. Mailing Office Address

P.O. Box 5092

Suite, Apt. #, etc.

City & State

Gainesville

Zip

FL

Country

32627

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 24, 1993

5. FEI Number

59-3171585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Louise Anderson

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

4010 NW 25th Place

Suite, Apt. #, Etc.

City

Gainesville

State
FL

Zip Code

32606

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Louise Anderson
REGISTERED AGENT MUST SIGN

Date **December 10, 2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/D	Telisha S. Martin	4425 NW 44th Place	Gainesville, FL 32606
VP/D	Louise Anderson	4010 NW 25th Place	Gainesville, FL 32606
Sec/D	Shannon Gordon	710 NE 5th Terrace	Gainesville, FL 32601

10. 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:

Telisha Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/02 (352) 392-0583
Date Daytime Phone #

41287

CR2E081 (9/01)