

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N93000003700**

1. Corporation Name

COMMUNITY LOVE CENTER OF FORT WALTON BEACH, INC.

Principal Place of Business

117 KIWI PLACE
FT WALTON BEACH FL 32549

Mailing Address

PO BOX 5131
FT WALTON BEACH FL 32549

FILED
02 APR -8 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01-02

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3200824	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SIMMONS, WILLIE	209 GREEN ACRES ROAD	FT WALTON BEACH FL
C/D	SMITH, NATHANIEL JR.	999 POCAHONTAS DR	FT WALTON BEACH, FL 32547
D	WILLIAMS, DWIGHT L	2751 KEATS DR	CRESTVIEW FL 32539
D	WILLIAMS, BEVERLY	930 CARDINAL DR #3	FORT WALTON BEACH FL
D	LEWIS, JAMES	1018 37TH STREET	NICEVILLE, FL 32578
S	WATERS, GERALD	12 COUNTEY LANE	CRESTVIEW FL
S/T/D	LEE, GLEN	4 CINDERELLA COURT	FT WALTON BEACH, FL 32547
P	PONDER, BOBBIE	115 W AUDREY DR	FT. WALTON BCH. FL
D	CASTILLO, GEORGE R.	71 MARLBOROUGH RD.	SHALIMAR, FL 32579
D	LONG, LINDA	829 LINDA DRIVE	MARY ESTHER FL

8. Name and Address of Current Registered Agent

WILLIAMS, DWIGHT L
2751 KEATS DR
CRESTVIEW FL 32536

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 800005315268-4
City 04/22/02-01120-005
State FL ***297.5 State ***297.50

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

2 Feb 02

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:

GLEN LEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 FEB 02 (P50) 882-5543

Date

Daytime Phone #