

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **N93000004432**

1. Corporation Name

COMMUNITY INTERVENTION CENTER, INC.

Principal Place of Business

Mailing Address

216 E OAKLAND AVE
SUITE 5
TALLAHASSEE FL 32301
US

216 E OAKLAND AVE
SUITE 5
TALLAHASSEE FL 32301
US

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

2. New Principal Office Address, If Applicable

345 OFFICE PLAZA Drive

Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip **32301**

Country **US**

3. New Mailing Office Address, If Applicable

345 OFFICE PLAZA Drive

Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip **32301**

Country **US**

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DR. MICHAEL G. RAILEY	4056 Roscoe Drive	Tallahassee, FL 32309
P	HENRY BOZIER C DR.	3145 PARK RIDGE DR.	Tallahassee FL
POB	HIGGINS, WINNIFRED	2478 PALETRIGGER CT	Tallahassee FL 32308
D	PEACOCK, FRED	603 FULTON ROAD	Tallahassee FL 32312
D	ADKINS, SHELIA	6451 NEEDLES TRAIL	Tallahassee FL 32309
D	FIELDS, AMIKA DR.	3601 W MORLAND DR	Tallahassee FL 32303
	AMIKA	3601 Westmorland Drive	

8. Name and Address of Current Registered Agent

LLOYD, DEBORAH
216 E OAKLAND AVE
STE #3
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name **Railey, Michael G.**
Street Address (P.O. Box Number is Not Acceptable)
345 OFFICE PLAZA Drive
Suite, Apt. #, Etc.
City **Tallahassee,** State **FL** Zip Code **32301**

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 **Michael G. Railey** Date **10/16/01**

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: **Winnifred P. Higgins, BOARD CHAIR** Date **10/16/01** Daytime Phone **921-4494**

APPROVED
AND
FILED

01 OCT 23 PM 2: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT **01**

4. Date Incorporated or Qualified To Do Business in Florida **09/30/1993 SP**

5. FEI Number **59-3169813** Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

CR2000 (8/01)