PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 17 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005219**

1. Corporation Name

SUPPORT OUR COMMUNITIES' KIDS, INC.

Principal Place of Business	Mailing Address
~~10209 SW 15TH PL~~ ~~GAINESVILLE FL 32608~~ US	~~10209 SW 15TH PL~~ 6793 W. Newberry Rd ~~GAINESVILLE FL 32608~~ #308 US Gainesville, Fl 32605

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

REINSTATEMENT 96 12/17/96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6793 W. Newberry Rd.	6793 W. Newberry Rd.
Suite, Apt. #, etc.: #308	Suite, Apt. #, etc.: #308
City & State: Gainesville, Fl	City & State: Gainesville, Fl
Zip: 32608 Country: US	Zip: 32608 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/18/1993

5. FEI Number: 59-3210766 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	~~HOSKINS, STUART~~ McCown, Walter	~~10209 SW 15TH PL~~ 5435 SW 83rd Terrace	~~GAINESVILLE FL 32607~~ Gainesville Fl 32608
D	~~FREEMAN, JEFF~~ Malone, Tom	~~8322 SW 4TH~~ 380 NW 27th Terrace	~~GAINESVILLE FL~~ Gainesville, Fl 32607
D	~~VICKORY, TOM~~ Jane Long	~~2317 NW 90 TERR~~ 316 SW 80th Drive	~~GAINESVILLE FL~~ Gainesville, Fl 32607
D	~~CULPEPPER, GAIL~~ Mike Feagin	~~RT 1 BOX 335B~~ 414 NW 111 Way	~~MICANOPY FL~~ Gainesville, Fl 32607
D	~~MERCADANTE, LYNNE~~ Steve Carroll	~~3802 SW 64TH ST.~~ 928 SW 98th St.	~~GAINESVILLE FL 32607~~ Gainesville, Fl 32607
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8. Name and Address of Current Registered Agent

HOSKINS, STUART
10209 SW 15TH PL
GAINESVILLE FL 32608

9. Name and Address of New Registered Agent

Name: WALTER McCOWN
Street Address (P.O. Box Number is Not Acceptable): 5435 SW 83rd Terrace
Suite, Apt. #, Etc.:
City: Gainesville State: FL Zip Code: 32608

CR2E040 (7/96)

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 Walter McCown Date: 12/12/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: James Walter McCown 12/13/96 (352) 955-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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