

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005219

1. Corporation Name

SUPPORT OUR COMMUNITIES' KIDS, INC.

Principal Place of Business

PO BOX 142702  
GAINESVILLE FL 32614  
US

Mailing Address

PO BOX 142702  
GAINESVILLE FL 32614  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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 3	City / State / Zip 4
PO VPD	GRIFFIN, KEVIN	12310 SW 9TH AVE	NEWBERRY FL 32669
VPD PO	SMITTLE, STEVE	703 NW 89TH ST	GAINESVILLE FL 32607
SD	<del>MORAN, GINA</del> Mike Blansett	<del>2902 SW 101 TERR</del> 3015 SW 100th St	GAINESVILLE FL 32607
D	<del>MYERS, ED</del> Bernard, Geoff	<del>5503 SW 92ND WAY</del> 4715 SW 88 DR	GAINESVILLE FL 32608
TD	<del>ELLINGTON, DONNIE</del> Brown, Randy	<del>40000 SW 30TH PL</del> 8825 NW 11th Pl	GAINESVILLE FL 32607 32606
D	TREWEEK, TIM	9607 SW 40 LN	GAINESVILLE FL 32608

8. Name and Address of Current Registered Agent

GRIFFIN, KEVIN  
12310 SW 9TH AVENUE  
NEWBERRY FL 32669

9. Name and Address of New Registered Agent

Name

Steve Smittle

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

703 NW 89th St

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

CR2EW4 (8-2)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Steve Smittle*  
REGISTERED AGENT MUST SIGN

Date

10/27/02

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:

*Randy Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/02 352-332-3338