

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000002050

1. Corporation Name

MOUNT CARMEL OF CITY POINT HUMAN SERVICES, INC.

Principal Place of Business

Mailing Address

204 N FISKE BLVD # 3
COCOA FL 32922
US

204 N FISKE BLVD # 3
COCOA FL 32922
US

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

2. New Principal Office Address, If Applicable

3670 W. Railroad Ave 3670 W. Railroad Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32926

Country

USA

Zip

32926

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1994

5. FEI Number

59-3208022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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
DA	PERKINS, WALLACE R	972 BEECHFERN LANE	ROCKLEDGE FL 32955
DS	HOLMAN, JANIE	716 AURORA AVE	COCOA FL 32922
DF	GRANT, JOHNNIE	7101 HARTMAN ST	PORT ST. JOHN FL 32927
DS	MCNEIL, RONI M	633 S. VARR AVE.	COCOA FL 32922
DP	THOMAS, JOHN P JR.	603 KENTUCKY	COCOA LF 33511

600023821296
10/15/03--01060--020 **245.00

8. Name and Address of Current Registered Agent

THOMAS, DEXTER
603 S KENTUCKY AVE
COCOA FL 32922

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Defer 2. 02/20
John P. Thomas Jr.
REGISTERED AGENT MUST SIGN

Date

10/12/03

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:

John P. Thomas Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/03 321-636-
2140

CR2E040 (7/03)