

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 21 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005335 (4)

1. Corporation Name

Community Life Options, Inc.

2. Principal Office Address

820 Australian Street

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

32953

Country

Brevard

3. Mailing Office Address

820 Australian Street

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

32953

Country

Brevard

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1994

5. FEI Number

59-3276630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rigdon, Kendall B.

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

317 Riveredge Blvd.

Suite, Apt. #, Etc.

City

Cocoa, FL 32922

State

FL

Zip Code

32922

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRST	Alexander, David	820 Australian Street	Merritt Island, FL 32953
D	Alexander, Judy	820 Australian Street	Merritt Island, FL 32953
D	Griffin, Rebecca	1865 Baylor Court	Cocoa, FL 32922
			800038143348 06/21/04 01035 010 **420.75

10. 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:

David T. Alexander David T. Alexander

6/15/04

321-453-3437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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