

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 27 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000345

1. Corporation Name

W.T.C. Community Outreach Programs, Inc.

2. Principal Office Address - No P.O. Box #

1005 - 5th Street West

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34205

Country

USA

3. Mailing Office Address

311-10th Avenue Drive West

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34205

Country

USA

REINSTATEMENT
#29150

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 24, 1995

5. FEI Number
650185238

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

James T. Golden

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

311-10th Avenue Drive West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 6/26/08

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
D	Eunice Davis	811-3rd Street East	Bradenton, Florida 34208
D	Jan E. Smith	1421 10th Avenue East	Bradenton, Florida 34208
D	James T. Golden	311-10th Avenue Drive West	Bradenton, Florida 34205

100132464821
07/08/08--01014--002 **892.50

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. James T. Golden 6/26/08

Date

Daytime Phone #

941-746-6485

FILED JUN 21 2008