

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC -7 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000345

1. Corporation Name

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

REINSTATEMENT

CR2E081 (6/10)

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

1017 5th Street West

Suite, Apt. #, etc.

3. Mailing Office Address

1017 5th Street West

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34205

Country

USA

Zip

34205

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida January 24, 1995

5. FEI Number

651085238

☐ 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)

4815 11th Avenue Circle East

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34208

700188470237
12/08/10--01003--002 **708.75

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 12/6/2010

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
PD	Eunice Davis	811 3rd Street East	Bradenton, FL 34208
D	Jan E. Smith	1421 10th Avenue East	Bradenton, FL 34208
D	James T. Golden	4815 11th Avenue Circle East	Bradenton, FL 34208

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/2010

Date

941-747-8288

Daytime Phone #

MW 12/7