

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001038

1. Corporation Name

TRU-DEVELOPMENT AND HUMAN SERVICES, INC.

Principal Place of Business

2297 EDISON AVENUE
JACKSONVILLE FL

Mailing Address

2297 EDISON AVENUE
JACKSONVILLE FL

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

97 MAR 28 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96+97

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1995

MWB

5. FEI Number

59-3300383

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$3.75 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	JENKINS, ELWYN W	2319 MCCARTY DRIVE	JACKSONVILLE FL 32210
D	CHERRY, RANDY	1137 WEST 30TH STREET	JACKSONVILLE FL 32209
T	BING, LEON COUNCIL PAT	11875 CHERRY BARK DRIVE, S 753 NORTH POINT CIR.	JACKSONVILLE FL 32218
S	FRAZIER, LAVERNE HAYES, FRANK	2329 MCCARTY DRIVE 6355 MORSE AVE	JACKSONVILLE FL 32210
D	JENKINS, MICHAEL	2319 MCCARTY DRIVE	JACKSONVILLE FL 32210
D	HAYWOOD, LILLIAN BUTLER, ERNEST	5019 TALLEY DRIVE 5052 ANDREW ROBINSON DRIVE	JACKSONVILLE FL 32206 32209

8. Name and Address of Current Registered Agent

WILLIAMS, C. EVERETT
4161 CARMICHAEL AVENUE
SUITE 208
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name
G. Everett Williams, I.
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 000002130120--5
City 04/01/97-01059-012
***306 FL ***306.25

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.

Signature of
Registered Agent

G. Everett Williams, I.
REGISTERED AGENT MUST SIGN

Date

1/23/97
10/1/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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: Elwyn W. Jenkins
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97
10/1/96

Date

(904) 783-3539
Daytime Phone #