PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -5 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001038

1. Corporation Name TRU-DELOBEDIENT AND HUMAN SERVICES

Principal Place of Business
2297 EDISON AVE
JACKSONVILLE FLA. 32204

Mailing Address

700002807047--5
-03/16/99--01007--010
****428.75 ****428.75

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 4/30/96

5. FEI Number 59-3300383 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	ELWYN W. JENKINS	2319 McCARTY DRIVE	JAX. FLA. 32210
VICE PRESIDENT	LACY SINCLAIR	9582 HIGHLAND AVE	JAX. FLA. 32205
TREASURER	SHERRAL ALEXANDER	7412 JOHN F. KENNEDY DR.	JAX FLA. 32219
[redacted]	EVERETT WILLIAMS	366 TALLEYRAN AVE	JAX FLA. 32208
[redacted]	ROSS FULLER	1213 BRIDGE ST.	JAX. FLA. 32206
[redacted]	VIVIAN JENKINS	2319 McCARTY DRIVE	JAX FLA. 32210

8. Name and Address of Current Registered Agent
ELWYN W JENKINS
2319 McCARTY DR.
JAX. FLA 32210

9. Name and Address of New Registered Agent
Name
REINSTATEMENT 96-99
Suite, Apt. #, Etc
City | State FL | Zip Code

CR2E041 (12/98)

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 Elwyn W Jenkins REGISTERED AGENT MUST SIGN Date 3-12-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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.

President

SIGNATURE: Elwyn W Jenkins / ELWYN W. JENKINS / 3-12-99 / (904) 733-0335 37 791-9912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #