

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 20 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N95000001870*

1. Corporation Name

*THE SECOND AMENDMENT
COALITION OF FLORIDA, INC.*

2. Principal Office Address

P.O. BOX 17335

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33416-7335

Country

PALM BEACH

3. Mailing Office Address

P.O. BOX 17335

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33416-7335

Country

PALM BEACH

REINSTATEMENT *03-04*

800036961378
05/20/04--01047--003 **122.50

4. Date Incorporated or Qualified
To Do Business in Florida

04-19-1995

5. FEI Number

650517676

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

DAVID WOOD

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

809 N. O STREET

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460-2743

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

David Wood

Date *5-15-04*

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
<i>PD</i>	<i>DAVID WOOD</i>	<i>809 N. O ST.</i>	<i>LAKE WORTH, FL 33460-2743</i>
<i>VPD</i>	<i>John RAYMANDO</i>	<i>P.O. BOX 540324</i>	<i>GREENACRES, FL 33454-0324</i>
<i>SD</i>	<i>WILLIAM GORMAN</i>	<i>2936 LAKE SHORE DR.</i>	<i>RIVIERA BEACH, FL 33404-4656</i>
<i>TD</i>	<i>WILLIAM PEOPLES</i>	<i>2356 FAIRWAY DR.</i>	<i>WEST PALM BEACH, FL 33412-2411</i>
			<i>8/5/25</i>

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:

William Gorman **WILLIAM GORMAN**

05-15-04

Date

Daytime Phone #

CR2E081 (01/04)