PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
JUL 12 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95-000002136

1. Corporation Name
MARION COUNTY COALITION FOR THE HOMELESS, INC.

Principal Place of Business	Mailing Address
504 Emerald Road Ocala, FL 34422	

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

REINSTATEMENT 96-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3200 S.W. 34 Avenue	P.O. Box 7202
Suite, Apt. #, etc #101	Suite, Apt. #, etc
City & State Ocala, FL	City & State Ocala, FL
Zip 34474 Country USA	Zip 34472 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/28/95

5. FEI Number: 59-3368125 ☐ 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
D/P	Patricia Miller	3200 S.W. 34th Ave. #101	Ocala, FL 34474
D/P	Kat Barber	3862 N.E. 19th Street Circle	Ocala, FL 34470
D/S/T	Zona Swoap	5421 S.E. 38th Avenue	Ocala, FL 34480

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-07/23/99--01094--021
******8.75 ******8.75

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-07/23/99--01094--022
****420.00 ****420.00

8. Name and Address of Current Registered Agent

John J. Palumbo
504 Emerald Road
Ocala, FL 34474

9. Name and Address of New Registered Agent

Name: H. Randolph Klein, Esq.
Street Address (P.O. Box Number is Not Acceptable): 333 N.W. 3rd Avenue
Suite, Apt. #, Etc:
City: Ocala State: FL Zip Code: 34475

CR2E081 (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: H. Randolph Klein (REGISTERED AGENT MUST SIGN) Date: 7/2/99

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 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.

7/12/99

SIGNATURE: Patricia E Miller Patricia Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-237-2191
Daytime Phone #