

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N95000003631

1. Corporation Name

Nassau County Coalition of Service Agencies,  
Inc.

Principal Place of Business

Mailing Address

Same

1890 S.14th St., Suite 312  
Fdna.Bch., Fla. 32034

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

4. Date Incorporated or Qualified  
To Do Business in Florida

August 1, 1995

5. FEI Number

Applied for

☒ 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
C	Rachel D. Sutton	1890 So. 14th. St. Suite 312	Fdna. Bch., Fla. 32034
VC	Chip Oxley	P.O. Box 1908	Callahan, Fla. 32011
S/1	Beth Strickland	P.O. Box 156	Fdna. Bch., Fla. 32034
D	Betty Cook	Rt. 1 Box 1080	Callahan, Fla. 32011
D	Sheila Fountain	500 Centre Street	Fernandina Bch. Fl. 32034
D	Barbara Lamp Peeples	130 No. 3rd. Street	Fernandina Bch., Fl. 32034

8. Name and Address of Current Registered Agent

A. Jeffrey Tomassetti  
406 Ash Street  
Fernandina Bch., Fla. 32034

9. Name and Address of New Registered Agent

Name

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

Suite, Apt #, etc

City

State  
FL

Zip Code

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 X

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 8/23/99

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.

SIGNATURE

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Rachel D. Sutton

8/23/99

Date

904-321-0888

Daytime Phone #

FILED

99 SEP -9 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*428.75 \*\*\*\*428.75

REINSTATEMENT 96-99 TS

CR2E081 (12/98)