

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 DEC 21 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005366

1. Corporation Name

COMMUNITY COUNSELING CENTER DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1641 YEOMANS PATH
LAKELAND FL 33809

1641 YEOMANS PATH
LAKELAND FL 33809



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

3401548

Applied For

City & State

City & State

SEE
MID. 59-2052386

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
DC	HARDIE, JOE S	1641 YEOMANS PATH	LAKELAND FL 33809
CO-D	QUARY, DELL	366 CORONA DEL MAR ST	LAKELAND FL 33809
SD	PALMORE, PATTINA	815 N MISSOURI AVE	LAKELAND FL 33801
TD	PARRISH, JESSIE	3722 N FLORIDA AVE	LAKELAND FL 33805
DD	BOLDEN, DEANSY M	703 WEST NINTH ST	LAKELAND 33 80505
			11/12/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARDIE, JOE S
1641 YEOMANS OATH
LAKELAND FL 33809

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 11-18-98

11. This corporation owes or has paid 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98 686-6592
Date Daytime Phone #

CR2E040 (9/98)