

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 20 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NA6000005366**

1. Corporation Name

Community Counseling Center Development, Inc.

2. Principal Office Address
1641 Yeomans Path

3. Mailing Office Address
P. O. Box 92329

Suite, Apt. #, etc.
Lakeland

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip Country
33809 Polk

Zip Country
33804-2329 Polk

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **10-18-96**

5. FEI Number
59-3401548

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
Dr. Joe S. Hardie

Street Address (P.O. Box Number is Not Acceptable)
1641 Yeomans Path

Suite, Apt. #, Etc.

City
Lakeland

State Zip Code
FL 33809

100003195031-3

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******297.50 ****297.50**

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 **[Signature]**

REGISTERED AGENT MUST SIGN

Date **1-19-00**

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
DC	Dr. Joe S. Hardie	1641 Yeomans Path	Lakeland, FL 33809
COD	Dell Quarry	366 Corona Del Mar St	Lakeland, FL 33809
SD	Patina Palmore	815 N. Missouri Avenue	Lakeland, FL 33801
TD	Jessie Parrish, Sr.	3722 N. Florida Avenue	Lakeland, FL 33805
DD	Deansy M. Bolden	7033 West Ninth Street	Lakeland, FL 33805

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00 (863) 686-6592
Date Daytime Phone #

KE