

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N96000006540

1. Corporation Name

CHARLOTTE COUNTY DOMESTIC VIOLENCE TASK FORCE, INC.

Principal Place of Business

18501 Murdock Circle
Sixth Floor
Port Charlotte, FL 33948

Mailing Address

18501 Murdock Circle
Sixth Floor
Port Charlotte, FL 33948

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P. O. Box 511687

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33951-1687

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/96

5. FEI Number

65-0886473

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$875. A fee of \$100 is 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
D	Scott, Barbara T.	22430 Albany Avenue	Port Charlotte, FL 33952
D	Kirshy, Russell T.	4055 Tamiami Trail, Suite A4	Port Charlotte, FL 33952
D	Lisby, Nancy L.	527 West Palm Beach	Punta Gorda, FL 33950
			000002988340--2
			-09/15/99--01101--005
			***297.50 ***297.50

8. Name and Address of Current Registered Agent

Russell, W. Kevin
18501 Murdock Circle
Sixth Floor
Port Charlotte, FL 33948

9. Name and Address of New Registered Agent

Name

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

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

W. Kevin Russell
REGISTERED AGENT MUST SIGN

Date **9/8/99**

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:

Barbara T. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA T. SCOTT

Date

09/03/99

Daytime Phone #

941-637-2329

KE

REINSTATEMENT 98-99^W

FILED
99 SEP 13 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2301 (12/96)