

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 23 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000000455*

1. Corporation Name

West Volusia Community Charities, Inc

W05-38359

2. Principal Office Address

1119 Outlook Dr,

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DeTona, FL

City & State

Zip

32725

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/97

5. FEI Number

59-3430399

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

Gus Dowels

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

1119 Outlook Drive

Suite, Apt. #, Etc.

500058352569

*08/08/05--01068--008 **40.00*

City

DeTona, FL

State

FL

Zip Code

32725

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

Gus J. Dowels

REGISTERED AGENT MUST SIGN

Date

Aug 19-05

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
<i>D</i>	<i>Gus Dowels</i>	<i>1119 Outlook Dr</i>	<i>DeTona, FL 32725</i>
<i>D</i>	<i>Michael Williams</i>	<i>2889 Cottageville St.</i>	<i>DeTona, FL 32738</i>

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

Michael E. Williams *Michael E. Williams* *8/3/05* *384-574-6425*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (01/05)