

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000001182

1. Corporation Name

CARTER COMMUNITY OUTREACH, INC.

99AR

Principal Place of Business

3752 LANCEWOOD PLACE
DELRAY BEACH FL 33445

Mailing Address

3752 LANCEWOOD PLACE
DELRAY BEACH FL 33445

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1997

5. FEI Number

65-0719194

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	4 City / State / Zip
DP	STRACHAN, CATHERINE C	2942 W. LAKE IDA ROAD	DELRAY BEACH FL 33445
DS	SWEENEY, TRACEY	3518 AVE. MONSTRESSOR	DELRAY BEACH FL 33445
DT	PALMER, LINDA C	1710 NW 22 AVE	DELRAY BEACH FL 33445
D	POWELL, CARRIE C	3752 LANCEWOOD PLACE	DELRAY BEACH FL 33445
			100003045371--5 -11/16/99--01049--002 *****68.75 *****68.75

8. Name and Address of Current Registered Agent

STRACHAN, CATHERINE C
3752 LANCEWOOD PLACE
DELRAY BEACH FL 33445

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

Catherine C Strachan

REGISTERED AGENT MUST SIGN

Date

11/3/99

11. 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:

Catherine C Strachan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/99 (561)
637-2349

Date

Daytime Phone #

CR2040 (8/99)