

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

99 NOV 10 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9700002201

1. Corporation Name

THE CLEARWATER COMMUNITY VOLUNTEERS, INC.

Principal Place of Business
1322 1st Avenue, N.W.
Largo, Florida 33770

Mailing Address
1322 1st Avenue, N.W.
Largo, Florida 33770

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04 / 18 / 97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FBI Number

59-3442288

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

SB 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/T	Bannetta Slaughter	300 Buttonwood Lane	Largo, Florida 33770
V/T	Katie Chamberlain	1322 1st Avenue, N.W.	Largo, Florida 33770
V/T	Pam Barton	404 Jasmine Way	Clearwater, Florida 34610
			400003053244-0 -11/23/99--01061--002 ****236.25 ****236.25
			400003053244-0 -11/23/99--01061--003

8. Name and Address of Current Registered Agent

Katie Chamberlain
1322 1st Avenue, N.W.
Largo, Florida 33770

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State _____ Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

By: Katie Chamberlain *Katie Chamberlain*

Date 11/12/99

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

By: Katie Chamberlain *Katie Chamberlain*
Katie Chamberlain, Vice President
11/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2100 (12/98)