

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 PM 4:31

DOCUMENT # *N97000004266*

1. Corporation Name

*ALPHA AND OMEGA FAMILY COMMUNITY
RESOURCE SERVICES, INC.*

600042266546
10/27/04--01078--002 **122.50

REINSTATEMENT

03-04
SC

2. Principal Office Address *1009 A3
GREEN PINE BLVD.*

3. Mailing Office Address

Suite, Apt. #, etc.

A3

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33409

Country



Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1997

5. FEI Number

65-0772742

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

TIMOTHY LAMAR SHANNON, B.A.

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

1009 GREEN PINE BOULEVARD

Suite, Apt. #, Etc.

A3

City

WEST PALM BEACH

State

FL

Zip Code

33409-7020

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

REGISTERED AGENT MUST SIGN

Date *10/26/04*

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
P/D	<i>TIMOTHY SHANNON</i>	<i>1009 GREEN PINE BLVD, A3</i>	<i>WEST PALM BEACH, FL 33409</i>
M/D	<i>MATTIE SHANNON</i>	<i>1350 W 2nd STREET</i>	<i>RIVIERA BEACH, FL 33404</i>
T/D	<i>WILLIAM SHANNON</i>	<i>179 30 E STREET</i>	<i>RIVIERA BEACH, FL 33404</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/04

Date

(561) 682-1377

Daytime Phone #

11/12/04

CR2E081 (01/04)

ALPHA & OMEGA

FAMILY COMMUNITY RESOURCE SERVICES, INC.
Division of Corporate Affairs and Development

2/2
Timothy L. Shannon, B.A.
President & CEO
Direct Phone: (561) 682-1377

Administrative Office:
1009 Green Pine Boulevard, Suite A3
West Palm Beach, Florida 33409
Fax: (561) 844-4496

Mailing Address:
Post Office Box 19296
West Palm Beach, Florida 33416

E-Mail Address:
teachersonreach@hotmail.com

October 26, 2004

Department of State
Division of Corporations
Attn: Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

RE: NOT-FOR-PROFIT CORPORATION REINSTATEMENT FEE WAIVER REQUEST

Corporation Name:	Alpha and Omega Family Community Resource Services, Inc.
Document Number:	N97000004266
Date of Incorporation Filed:	7/25/1997
Date of Dissolution:	09/19/2003

To Whom It May Concern:

It has been brought to the attention of the Board of Directors, after recently applying for a charitable grant, that the corporate status of **Alpha and Omega Family Community Resource Services, Inc.** ("Corporation") has been inactive since September 19, 2003. Moreover, as Registered Agent of the Corporation, I did not receive prior notices or an annual report/uniform business report for FY 2003 and 2004. Having that been said, the intent of this letter is to formally request to have the Division of Corporations waive the reinstatement fee of \$175.00 for non-receipt of prior notices before the Administrative Dissolution of the Corporation in September 2003.

We sincerely anticipate that the Division of Corporations will act favorably upon this request to waive the reinstatement fee. Please find enclosed a cashier's check in the amount of \$122.50 made payable to the Department of State for fee(s) charged for the 2003 and 2004 annual report/annual business reports.

Thank you in advance for your time and sincere consideration regarding this matter at hand. We look forward to hearing from you soon.

Cordially,



Timothy L. Shannon, B.A.
President/CEO & Registered Agent
Alpha and Omega Family Community Resource Services, Inc.

Enclosures: Application for Reinstatement
Reinstatement Fee: \$122.50

*Educating*TEACHERS. *Enlightening*MINDS. *Encourage*HEARTS. *Enriching*LIVES.