

[illegible]

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1. Corporation Name

Principal Place of Business

Mailing Address

1920 W. GREENWOOD  
LAKELAND FL 33815

3345 SOUTH AVE.  
BARTOW FL 33830

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

REINSTATEMENT 06

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1998

Suite, Apt. #, etc. Lakeland FL  
City & State

Suite, Apt. #, etc. 1712 W. Chase St.  
City & State L L E

5. FEI Number 59-3580426  
APPLIED FOR

Applied For

Not Applicable

Zip	Country
33815	USA

Zip	33815	Country	USA
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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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	MITCHELL, BETTY	733 Highland Plaza 3845 SOUTH AVENUE Lakeland FL 33813	BARTOW FL 33830 Lakeland FL 33813
T	JIVES, JOIE	3345 SOUTH AVE Bartow FL 33830	LAKELAND FL 33815 Bartow FL 33830
T	SIMMONS, JEANNETTE	537 Somerset Auburndale FL	LAKELAND FL 33815 Auburndale FL 33823
			400003524534--5 -01/05/01--01022--003 ****245.00 ****245.00

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

MITCHELL, BETTY  
3345 SOUTH AVENUE  
BARTOW FL 33830

Name Mitchell, Betty  
Street Address (P.O. Box Number is Not Acceptable)  
733 Highlands Place Blvd.  
Suite, Apt. #, Etc. "  
Lakeland  
City Lakeland State FL

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

Date 12-14-00

11. I certify that I am an officer or director of 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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_