

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 18 AM 11:46



REINSTATEMENT 00

DOCUMENT # N98000001233

1. Corporation Name

MOTHER'S HIP CONNECTION EDUCATION FOUNDATION, I  
NC.

Principal Place of Business

Mailing Address

1915 DARRYL DR  
#C  
TALLAHASSEE FL 32301

1915 DARRYL DR  
#C  
TALLAHASSEE FL 32301

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/1998

5. FEI Number

59-3495357

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
PCBD	CLINTON, GEORGE	6753 THOMASVILLE RD STE 108-245	TALLAHASSEE FL 32312
VPD	CLINTON, STEPHANIE	6753 THOMASVILLE RD STE 108-245	TALLAHASSEE FL 32312
SD	CORBITT, THERESA	1915-C DARRYL DR	TALLAHASSEE FL 32301
COB	CLINTON, GEORGE	6753 THOMASVILLE RD STE 108-245	TALLAHASSEE FL 32312
D	CLINTON, STEPHANIE	6753 THOMASVILLE RD STE 108-245	TALLAHASSEE FL 32312
D	CORBITT, THERESA	1915-C DARRYL DR	TALLAHASSEE FL 32301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORBOTT, THERESA  
1915-C DARRYL DRIVE  
TALLAHASSEE FL 32301

Name: THERESSA Corbitt  
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: THERESSA Corbitt  
REGISTERED AGENT MUST SIGN

Date: 12-11-00

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.

AD

SIGNATURE: THERESSA Corbitt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-00 656-9445  
Date Daytime Phone #