

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 25 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002841

1. Corporation Name

Florida Crown Workforce Development Board/Wages
Coalition, Inc.

400031084834
03/24/04--01059--011 **533.75

2. Principal Office Address

840 SW Main Boulevard

Suite, Apt. #, etc.

Suite 102

City & State

Lake City, FL

Zip

32025

Country

USA

3. Mailing Office Address

840 SW Main Boulevard

Suite, Apt. #, etc.

Suite 102

City & State

Lake City, FL

Zip

32025

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/15/1998

5. FEI Number

593531927

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

Robert Bush

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

840 SW Main Boulevard

Suite, Apt. #, Etc.

Suite 102

City

Lake City

State
FL

Zip Code

32025

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

Date March 22, 2004

REGISTERED AGENT MUST SIGN

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
Dir	Ralph Tyre	840 SW Main Blvd., #102	Lake City, FL 32025
Dir	Alonzo Philmore	840 SW Main Blvd., #102	Lake City, FL 32025
Dir	Robert Garbett	840 SW Main Blvd., #102	Lake City, FL 32025

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

3/22/2004 (386) 752-5713

Date

Daytime Phone #

CR2E081 (01/04)