

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 OCT 19 PM 1:07

DOCUMENT # N98000004946

1. Corporation Name

CHANGE AGENT PROGRAMS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 540354
ORLANDO FL 32804

P.O. BOX 540354 Orlando, FL
ORLANDO FL 32804 32819



~~P.O. BOX 540354~~
~~ORLANDO FL 32804~~
~~32819~~

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~P.O. BOX 540354~~

P.O. BOX 540354

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32819

Country
US

Zip
32819

Country
US

5. FEI Number

59-3530731

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
D	COFIELD, PAT	5417 FAIRWOOD WAY	ORLANDO FL 32808
D	DAVIS, MARGARET	1385 HIBISCUS AVE	WINTER PARK FL 32789
D	SOVIK, NORD	3808 MAGAZINE ST	NEW ORLEANS LA 70115
D	TIETINEN, BARBARA	1012 GOLF VALLEY DR	APOPKA FL 32703
p	Louise Billingslea	4537 Indianantic Dr	Orlando, FL 32808
D	Martha Marinara	10806 Sceptor Dr.	Orlando, FL 32817

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, CHARLOTTE
5850 WINDHOVER DR.
ORLANDO FL 32819

Name

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

CHARLOTTE JONES
REGISTERED AGENT MUST SIGN

Date 10/16/00

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.

SIGNATURE:

CHARLOTTE JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/00

Daytime Phone #

(407) 370-3335

CR2ED40 (8/00)

October 17, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

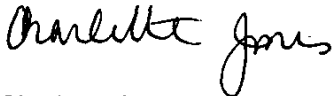
I received your form a few days ago indicating that our non-profit corporation has been dissolved for failure to file the Uniform Business Report. I called your offices today. The gentleman there said to write a letter indicating that I am submitting a current list of officers.

I sent in a form during the summer along with a check for \$61.25. That check was cashed. But I did not hear back from you regarding the status of our application (until I received this form regarding dissolution).

I would ask that you contact me by phone if there are additional problems with the application. Also, I would ask that you apply the earlier check, dated 8/16/00, as payment.

I can be reached at (407) 370-3335. Thanks.

Sincerely,



Charlotte Jones
Registered Agent
Change Agent Programs, Inc.