

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 25 PM 4:00

DOCUMENT #N99000000476

**1. Corporation Name**

Pine Forest Community Action Corp.

**2. Principal Office Address**

3856 Grant Rd  
Suite, Apt. #, etc.

**3. Mailing Office Address**

3856 Grant Rd.  
Suite, Apt. #, etc.

**City & State**

Jacksonville FL

**City & State**

Jacksonville, FL

**Zip**

32207

**Country**

Durak

**Zip**

32207

**Country**

Durak

**REINSTATEMENT** 01-02

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

**5. FEI Number**

59-344 A29

**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**

Carrie L. Davis

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

3857 Mission Dr. #7

**Suite, Apt. #, Etc.**

#7

**City**

JACKSONVILLE

State  
**FL**

**Zip Code**

32207

**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

Carrie L. Davis

REGISTERED AGENT MUST SIGN

Date

1/24/02

**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
President	Carrie L. Davis	3857 Mission Dr. #7	JAX-FL 32207
Vice Pres	Kelvin Hicks	3820 Grant Rd.	JAX-FL 32207
Sec.	Joyce Brown-Hicks	2121 Thomas Ct.	JAX-FL 32207

AD

**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:**

Carrie L. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 (904) 398-4121  
Date Daytime Phone #

CR2E081 (8/01)