

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 21 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100039377511
07/21/04--01028--002 **297.50

REINSTATEMENT 03-04-04

DOCUMENT # *N4900000476*

1. Corporation Name

*Pine Forest Community
Action Corp*

2. Principal Office Address

3856 Shant Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3856 Shant Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-21-99

5. FEI Number

59-3441929

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)

6654 Bell Tower Ct

Suite, Apt. #, Etc.

#3

City

Jacksonville

State

FL

Zip Code

32217

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

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
<i>Pres.</i>	<i>Lorraine Lee</i>	<i>2165 Calyon Road</i>	<i>Jax. FL 32207</i>
<i>Vice Pres</i>	<i>Kelvin Hicks</i>	<i>3820 Shant Road</i>	<i>Jax. FL 32207</i>
<i>Sec.</i>	<i>Wayne Brown</i>	<i>2121 Thomas Ct.</i>	<i>Jax FL 32207</i>
<i>Treas.</i>	<i>Carrie Davis</i>	<i>6654 Bell Tower Ct. #3</i>	<i>Jax FL 32207</i>

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

Date

7/20/04

Daytime Phone #

904-378-4424

CR2E081 (01/04)