

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001500

1. Corporation Name

Somebody Cares Community Center, Inc.

2. Principal Office Address - No P.O. Box #
2862 NW 6th Street

3. Mailing Office Address
2862 NW 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale

City & State
Fort Lauderdale

Zip Country
33311 USA

Zip Country
33311 USA

4. Date Incorporated or Qualified
To Do Business in Florida 10-04-2002

5. FEI Number
650907864

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
Jeffrey London

Street Address (P.O. Box Number is Not Acceptable)
2862 NW 6th Street

Suite, Apt. #, Etc.

City
Fort Lauderdale

State Zip Code
FL 33311

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jeffrey B. London
REGISTERED AGENT MUST SIGN

Date 4-13-10

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
Pres	Jeffrey London	2997 NW 36th Lane	Lauderdale Lakes FL 33311
Trea.	Tiffany Williams	4071 N. Dixie Hwy	Lauderdale Lakes FL 33311
Sec.	Brenda James	10703 NW 14th Street	Plantation FL 33322

10. E-mail Address: tobelikejesus42@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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: Jeffrey London

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-10 954-303-7456