PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DEPARTMENT OF Secretary of State SION OF CORPORATION:		08	FILED JAN-3 PM 1:37	
DOCUMENT # N99000002275 1. Corporation Name			SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
Bowling Green Community of Concerned Citizens, Inc.						0.0
2. Principal Office Address - No P.O. Box # C/O St. John AME Church C/O S		Office Address St. John AME Church		CR2E081 (1/07)		
Suite, Apt. #, etc. 513 Orange Street		Suite, Apt. #, etc. 513 Orange Street		4. Date Incorporated or Qualified To Do Business in Florida 04-12-1999		
City & State Bowling Green	City & State Bowlin	Bowling Green, FL 33834		5. FEI Number 650566770 Applied For Non-Applicable		
33834 Country USA	^{Zip} 33834	Country		6. CERTIFICATE	OF STATUS DESIRED S8.75 Add	itional Fee required
Name Vivian Rigsby Street Address (P.O. Bowlumber is Not A 521 West Palmetto Suite, Apt. #, Etc. Bowling Green	State 33834		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 Potential Registered Agent Potential Registered Agent Registered Regis						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit compensations 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 Vivian Rigsby		521 West Palmetto Street		Street	Bowling Green, F	L 33834
Vice-President Charles Fulse		4915 Mason Dixon Avenue		Bowling Green, I	FL 33834	
Secretary Joyce Oliver-Fulse		4915 Mason Dixon Avenue		Bowling Green, F	L 33834	
Treasurer Della Ryals		5028 Myrick Avenue		Bowling Green, F	L 33834	
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10. I cartify 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 contained in Chapter 119, 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 Date Date Description 17, F.S. I further certify that when filing this reinstatement application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution for the corporation as provided for in chapter 807 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 contained in Chapter 119, 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.						