

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

N99000003805

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 SEP 13 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N99000003805*

1. Corporation Name

*Hernando/Pasco Community Mission
Inc.*

2. Principal Office Address

3286 Blythe Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3286 Blythe Ave

Suite, Apt. #, etc.

City & State

Spring Hill, Fla

Zip

34609

Country

U.S.A

City & State

Spring Hill, Fla

Zip

34609

Country

U.S.A

REINSTATEMENT *9-13-01*

DMS

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

6/18/99

5. FEI Number

59-3590923

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

Ivy E. Fields

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

3286 Blythe Ave

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609

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

Ivy E. Fields

Date

9/10/01

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
PD	<i>Ivy E. Fields</i>	<i>3286 Blythe Ave</i>	<i>Spring Hill FLA 34609</i>
VD	<i>William Clark</i>	<i>4140 Glade Road</i>	<i>Spring Hill FLA 34609</i>
TD	<i>Winston Wescott</i>	<i>2245 Ring Road</i>	<i>Spring Hill FLA 34609</i>
SD	<i>Diane Wescott</i>	<i>2245 Ring Road</i>	<i>Spring Hill FLA 34609</i>
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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:

Ivy E. Fields
Ivy E. Fields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/10/01

Daytime Phone #

*(352)
688-9595*