

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 28 PM 4:43

DOCUMENT # *N99000004101*

1. Corporation Name

*Active Citizens Together Improving Our
Neighborhoods, Inc.*

2. Principal Office Address

417 N.W. 16th St

Suite, Apt. #, etc.

Suite 1A

City & State

Belle Glade, FL

Zip

33430

Country

USA

3. Mailing Office Address

P.O. Box 16

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

300007604069--1

-09/09/02--01067--028

****367.50 ****367.50

00-02

7. Name and Address of Current Registered Agent

Name

Cynthia Campbell Laramore

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

117 N.W. 10th Street #9

Suite, Apt. #, Etc.

City

Belle Glade FL

State

FL

Zip Code

33430

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

Cynthia C. Laramore

REGISTERED AGENT MUST SIGN

Date

8/28/02

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
D	Fred Brockman	801 N.W. 4 th Street	Belle Glade, FL 33430
D	Geraldine Shelton	1340 S.W. Avenue C Place	Belle Glade, FL 33430
D	Peggie S. King	753 SE 12 th Avenue	South Bay, FL 33493

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:

Cynthia C. Laramore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02

Date

561-993-9100

Daytime Phone #

CR2E081 (9/01)