

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 20 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NA9600004382

1. Corporation Name

Committed Citizens Concerned ABOUT  
OUR CHILDREN, Inc.

**REINSTATEMENT** 66-04

2. Principal Office Address

900 N. Seacrest Blvd

3. Mailing Office Address

329 N.E. 12<sup>th</sup> Ave.

700036960707

05/20/04--01036--030 \*\*481.25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

9/26/2/15/99

City & State

Boynton Beach FL

City & State

Boynton Beach, FL

5. FEI Number

65-0939596

Applied For

Not Applied

Zip

Country

33435

US

Zip

Country

33435

US

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Willie Gibson, Jr.

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

1047 S.W. 28<sup>th</sup> Avenue

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33426

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

Willie Gibson

Date

5/18/04

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
<u>P</u>	<u>Willie Gibson Jr.</u>	<u>1047 S.W. 28<sup>th</sup> Ave</u>	<u>Boynton Bch FL 33426</u>
<u>V</u>	<u>Kloodrow Hay</u>	<u>427 N.W. 5<sup>th</sup> Ave</u>	<u>Boynton Bch FL 33435</u>
<u>S</u>	<u>Revetta Lowe</u>	<u>412 N.E. 25<sup>th</sup> Ave</u>	<u>Boynton Bch FL 33435</u>
<u>T</u>	<u>Eddie L. Mitchell</u>	<u>329 N.E. 12<sup>th</sup> Ave</u>	<u>Boynton Bch FL 33435</u>

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)(f), 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:

Willie Gibson