

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



00 DEC 18 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

COMMUNITY IN-TOUCH, INC.

Mailing Address

P.O.BOX 6
FROSTPROOF FL 33853

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **8-4-218**

City & State
Lauderdale LKs

Zip	Country
FI	USA

HEINSTATENENN

-10/28/1999

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	Patricia Andrews	10723 Glen Ellen Dr	Tampa, FL 33624
D	Clarence Mills	30 Temple Ct	Frostproof, FL 33843
D	Gloria Jones	2 Jefferson Ave	Frostproof, FL 33843
S	Beverly Chaney	P.O. Box 6	Frostproof, FL 33843
			600002514866--1 -12/28/00--01004--027 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

MULLINGS, LAKAY
3121 N.W. 47TH TERR.,B4-218
LAUDERDALE LAKES FL 33319

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered A

REGISTERED AGENT MUST SIGN

Date November 4, 2000

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dat.

Daytime Phone #