APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC 20 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000006993

1. Corporation Name

KERBO COALITION OF CONCERNED CITIZENS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 281 MAYO FL 32066	P.O. BOX 281 MAYO FL 32066

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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/30/1999

5. FEI Number: 59-3595574 ☐ 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
PD	MCGREW, TAYLOR	P.O. BOX 674	MAYO FL 32066
V	WATKINS, GWEN	P.O. BOX 933	MAYO FL 32066
V	HAMILTON, DEBRA	P.O. BOX 221	MAYO FL 32066
T	MURPHY, ANN	P.O. BOX 281	MAYO FL 32066
TD	MIDDLETON, PAMELA	P.O. BOX 161	MAYO FL 32066
SD	REID, SYLVIA	P.O. BOX 554	MAYO FL 32066

8. Name and Address of Current Registered Agent

MURPHY, ANN
MARTIN LUTHER KING BLVD.
MAYO FL 32066

9. Name and Address of New Registered Agent

Name: 800003523848--6 -01/04/01--01098--005
Street Address (P.O. Box Number is Not Acceptable): *****175.00 *****175.00
Suite, Apt. #, Etc.: 800003523848--6 -01/04/01--01098--006
City: *****61.25 State: FL Zip Code: *****61.25

CR2E040 (8/00)

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 Agent: [signature] Date: 10-21-00
REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: [signature] 10/24/00 904-294-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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