

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000070114

1. Corporation Name

THE ASSISTANCE PROGRAM INC.

Principal Place of Business

7628 56TH ST N. SUITE II
TAMPA FL 33617

Mailing Address

7628 56TH ST N. SUITE II
TAMPA FL 33617

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2001

5. FEI Number

59-373799

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	FITTS, CARLINA M Kiel, Carline M	63619 E GUSTON 514 Emberwood Drive	TAMPA FL 33610- Brandon, FL 33511
VD	FITTS, BRENDA Kiel, George L	8808 WOOD RIDGE RD 514 Emberwood Dr	TAMPA FL 33619- Brandon, FL 33511
SD	MCDANIELS, SHARRON LYNN Fitts, Brenda	1341 WAIKIKI WAY	TAMPA FL 33615
TD	FITTS, CARL SR	3410 E HENRY ST	TAMPA FL 33610

8. Name and Address of Current Registered Agent

Kiel, Carline M
FITTS, CARLINA M
7628 56TH ST N, SUITE II
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

CARLINE M KIEL
REGISTERED AGENT MUST SIGN

Date

12/28/02

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:

SIG CARLINE M KIEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/02

Daytime Phone #

CR2040 (8/02)


THE ASSISTANCE PROGRAM, INC
7628 56TH STREET NORTH #11
TAMPA, FLORIDA 33617
813-980-1560
FAX: 813-980-6090

DATE:12/26/2002

RE: Reinstatement
Document #P01000070114

To Whom It May Concern:

I did not receive 2 prior notices or reports of the Reinstatement
information, enclosed is my updated application along with \$150.00 for 2001.

Sincerely,

Carlina Kiel