

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 2004 8:00 A.M.
Secretary of State

DOCUMENT # *P01000085131*

1. Corporation Name

*Community Resource And Training
SERVICES INC.*

2. Principal Office Address

6455 RESTLAWN DR.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32209

Country

DUAL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

08-27-2001

5. FEI Number

06-1665467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROWLAND V. WILLIAMS

100030256801

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

1125-1 CEESEY BLVD

*03/11/04--01014--009 **908 75*

Suite, Apt. #, Etc.

100030256801

*03/11/04--01014--010 **125.00*

City

JACKSONVILLE

State

FL

Zip Code

32211

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

Rowland V. Williams

REGISTERED AGENT MUST SIGN

Date

03-04-04

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
<i>CEO PRESIDENT TREASURER</i>	<i>JOHNNY A. GATNEY</i>	<i>6455 RESTLAWN DRIVE</i>	<i>JACKSONVILLE FL 32209</i>

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:

[Signature]

Date

3/4/04

Daytime Phone #

CR2E081 (10/02)