

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034418

1. Corporation Name

Community Links, Inc.

2. Principal Office Address

10310 S US Hwy 441

Suite, Apt. #, etc.

City & State

Bellevue, FL

Zip

34420

Country

USA

3. Mailing Office Address

P.O. Box 3031

Suite, Apt. #, etc.

City & State

Bellevue, FL

Zip

34421-3031

Country

USA

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

3/29/2002

5. FEI Number

03-0421055

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

HILDA MELERO SPOTTS

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

10310 S U.S. HWY 441

Suite, Apt. #, Etc.

City

BELLEVUE

State

FL

Zip Code

34420

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

Date

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
P	Hilda Melero Spotts	10310 S U.S. HWY 441	BELLEVUE, FL 34420
S	Rose Marie Morgan	10310 S. U.S. HWY 441	BELLEVUE, FL 34420
T	Thomas E. Spotts	10310 S U.S. HWY 441	BELLEVUE, FL 34420

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:

Hilda Melero Spotts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/2003 (352)347-2700

Date

Daytime Phone #

CR2E081 (10/02)

2/10/16



Community Links, Inc.

P.O. Box 3031

10310 South U.S. Hwy 441

Belleview, FL 34421-3031

Phone: 352-347-3721

E-Mail communitylinkshsd@earthlink.net

Hablamos Español

October 9, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

On or about September 30, 2002, Community Links, Inc moved to our current address. At that time I contacted the office of Spiegel & Utrera, P.A. which has provided their services to draw all my corporation papers and I retained them for a year to follow up with all necessary documents and any questions I needed. The office of Spiegel & Utrera changed my address at the time but some how the mailing address was changed as well. According to the information I obtained in the internet the mailing address was changed to some place in Miramar, FL. I called Spiegel & Utrera today and they have not returned my calls. Please accept this letter as an apology for not complying with the require filing.

At this time I am requesting a waiver of the late filing fees as well as a re-instatement of Community Links, Inc. as a Florida Corporation.

Sincerely,

Hilda Melero Spotts, MSW, LCSW
President