

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 29 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000087465*

1. Corporation Name

*Citizens For Effective Leadership,
Inc.*

2. Principal Office Address

200 W. College Ave

Suite, Apt. #, etc.

206

City & State

Tallahassee FL

Zip

32301

Country

US

3. Mailing Office Address

200 W. College Ave

Suite, Apt. #, etc.

206

City & State

Tall., FL

Zip

32301

Country

US

CR2E081 (8/05)

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

5. FEI Number

05-6526279

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

Michael Dobson

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

200 W. College Ave

Suite, Apt. #, Etc.

206

City

Tall

State

FL

Zip Code

32301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *8/29/06*

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>p</i>	<i>Michael Dobson</i>	<i>200 W. College Ave, 206</i>	<i>Tallahassee FL 32301</i>
<i>wp</i>	<i>Cynthi Craig</i>	<i>4005 Brandon Hill Dr</i>	<i>Tallahassee FL 32309</i>

09/01/06--01037--005 **300.00

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] *Michael Dobson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/06
Date


(850)222-0441
Daytime Phone #

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To: Division of Corporations

I Michael Dobson did not receive the
2005 annual report for "Citizens for Effective
Leadership".

Regards,


President

Citizens for Effective Leadership