

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000141719**

1. Corporation Name
THE TAHSHALLAH Singleton foundation Inc.,

W09-19058

2. Principal Office Address - No P.O. Box #

1725 OAKHURST AVE

Suite, Apt. #, etc.

400

City & State

JACKSONVILLE, Florida

Zip

32208

Country

DUVAL

3. Mailing Office Address

1830 FIJI COURT

Suite, Apt. #, etc.

City & State

JACKSONVILLE, Florida

Zip

32246

Country

DUVAL

REINSTATEMENT 07-09

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

11-09-06

5. FEI Number

87-0788857

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

Sammie Singleton

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

1725 OAKHURST AVE.

Suite, Apt. #, Etc.

400

City

JACKSONVILLE

State

FL

Zip Code

32208

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sammie Singleton

Date

4-15-09

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
CEO	Sammie Singleton	1750 W. 30 th St.	Jax. FL. 09
CFO	Gloria Williams	1830 FIJI COURT	Jax. FL. 46
Tres	Wendell Singleton	1722 McQUADE ST.	Jax. FL. 09

200155025272
05/01/09--01016--015 **450.00

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 contained in Chapter 119, 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:

Sammie Singleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-09 904-651-3232

Daytime Phone #