

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -4 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059858

1. Corporation Name

Capstone Adult Daycare, Inc

REINSTATEMENT 00-03

2. Principal Office Address

2800 Catherine St.

Suite, Apt. #, etc.

2

City & State

Palatka FL

Zip

32177

Country

USA

3. Mailing Office Address

2800 Catherine St

Suite, Apt. #, etc.

City & State

Palatka FL

Zip

32177

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

98 July 6

5. FEI Number

59-3526444

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700019679377
05/21/03--01047--012 **1200.00

7. Name and Address of Current Registered Agent

Name

Clarissa Williams

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

108 Roddy Rd.

Suite, Apt. #, Etc.

City

Palatka

State
FL

Zip Code

32177

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

Clarissa Williams

REGISTERED AGENT MUST SIGN

Date 16 May 03

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
Pres.	<u>Arnell Williams</u>	<u>316 Zinnia Ave.</u>	<u>McAllen, Tx 78504</u>
V.Pres	<u>Clarissa Williams</u>	<u>108 Roddy Rd.</u>	<u>Palatka, FL 32177</u>
Fin.	<u>Donald Williams</u>	<u>316 Zinnia Ave.</u>	<u>McAllen, Tx 78504</u>
Sect.	<u>Tyrone Williams</u>	<u>300 S. 15th St.</u>	<u>Palatka, FL 32177</u>

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 807.0401 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:

Clarissa Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 May 03

Date

386 326-0604

Daytime Phone #

CR2E081 (10/02)

7/6/5