


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 27 PM 12:34

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768675			
1. Corporation Name BAKER COUNTY CONCERNED CITIZENS, INC.			
2. Principal Office Address Williams Road		3. Mailing Office Address Williams Road	
Suite, Apt. #, etc. P.O. Box 664		Suite, Apt. #, etc. P.O. Box 664	
City & State Glen St. Mary FL		City & State Glen St. Mary FL	
Zip 32040	Country U.S.A.	Zip 32040	Country U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 05/31/1983		SP
5. FEI Number 59-2969266	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Joseph, Thelma H.		
Street Address (P.O. Box Number is Not Acceptable) 48 Gaskin Circle, P.O. Box 305		
Suite, Apt. #, Etc.		
City Sanderson	State FL	Zip Code 32087

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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 Thelma H. Joseph Date 05-30-01

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
PD	Williams, James	PO Box 664-Williams Rd.	Glen St. Mary, FL 32040
VD	Givens, Randy	Rt. 1, Box 998 Hwy.127	Sanderson, FL 32087
SD	Joseph, Thelma	P.O.Box 305 Gaskin Cir.	Sanderson, FL 32087
SD	Ruise, Sharon Rose (Asst)	P.O.Box 236 Ruise Road	Glen St. Mary, FL 32040
TD	Smith, Malichi	Rt. 1, Box 1050 Hwy 127	Sanderson, FL 32087
RD	Griffis, Freddie N (Reptr)	Rt. 1, Box 3F Hwy 23A	Macclenny, FL 32063

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: James Williams Date 05-30-01 (904) 275-2096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)