

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harvis
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

01 DEC 11 PM 4: 52

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **N00000002704**

1. Corporation Name

COMMUNITY CENTRAL FOUNDATION INC.

Principal Place of Business

14500 LANDSTAR BLVD.
 ORLANDO FL 32824

Mailing Address

14500 LANDSTAR BLVD.
 ORLANDO FL 32824



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/15/2000

5. FEI Number

59-2977779

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
	WAHLTON, JULIA	2683 KENDALL AVE	KISSIMMEE FL 34744
D	MCGLINCHEY, TODD	3220 FALCON PT DR.	KISSIMMEE FL 34741
D	AIHE, FRANCIS	201 ALYDAR COURT	ORLANDO FL 32824
P	CASSATA, ROBERT	2709 PEGGY DRIVE	KISSIMMEE FL 34744
V	RING, ROSCOE	13353 LAVER LANE	ORLANDO FL 32824
T	MCGLINCHEY, MELISSA	3220 FALSON PT. DR.	KISSIMMEE FL 34741

8. Name and Address of Current Registered Agent

CASSATA, ROBERT A
 14500 LANDSTAR BLVD.
 ORLANDO FL 32824

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State _____ Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Robert A Cassata

Date 10/17/01

REGISTERED AGENT MUST SIGN

11. 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:

Robert A Cassata

Date 10/17/01

407/438-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)