

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006370

1. Corporation Name

ACTION FOR SUSTAINABLE COMMUNITIES, INC.

Principal Place of Business

Mailing Address

427 CHIPLEY AVENUE
PENSACOLA FL 32503

427 CHIPLEY AVENUE
PENSACOLA FL 32503



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/07/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3754541

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DESIMONE, PENELOPE	427 CHIPLEY AVE	PENSACOLA FL 32503
D	MIX, LESLIE	1190 CHRISTMAS TREE RD	MILTON FL 32570
D	COREY, PAMELA	5635 HILLTOP DR	PENSACOLA FL 32504

REINSTATEMENT 03 TS
800023852458
10/16/03--01035--003 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DESIMONE, PENELOPE
427 CHIPLEY AVE
PENSACOLA FL 32503

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** 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. or 617.0505, F.S.

Signature of Registered Agent

Penelope A. Desimone, Director
REGISTERED AGENT MUST SIGN

Date 10/13/03

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)(l), 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:

Penelope A. Desimone, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03
Date

850-433-6714
Daytime Phone #

CP2E040 (7/03)

Page 2 of 2

**Action for Sustainable Communities, Inc.
427 Chipley Avenue
Pensacola, Florida 32503**

October 13, 2003

**TO: Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327**

RE: Document # NO1000006370

To Whom It May Concern,

**This is to confirm that our not for profit organization did not
receive prior UBR notifications.**

**I am sending a check in the amount of \$61.25 to file for
reinstatement.**

Respectfully,

Penelope F. deSimone

**Penelope F. deSimone,
Director**