

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007209

1. Corporation Name
Community Builders And Capital Development, Inc.

2. Principal Office Address
5979 NW 151 street

3. Mailing Office Address
5979 NW 151 street

REINSTATEMENT 02-05

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

4. Date Incorporated or Qualified To Do Business in Florida
10/9/2001

City & State
Miami Lakes, Florida

City & State
Miami Lakes, Florida

5. FEI Number
20-2245397

Applied For
Not Applicable

Zip Country
33014 U.S.A.

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33014 U.S.A.

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Barbara C. Jackson

Street Address (P.O. Box Number is Not Acceptable)
5979 NW 151 street

600046084636

Suite, Apt. #, Etc.
200

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City
Miami Lakes

State Zip Code
FL 33014

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
Barbara C. Jackson
REGISTERED AGENT MUST SIGN

Date
1/23/2005

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
P	Ameena Ali	5979 NW 151 street Suite 200	Miami Lakes, Florida 33014
TD	Barbara C. Jackson	5979 NW 151 street Suite 200	Miami Lakes, Florida 33014
SD	Safiyah D. Ali	5979 NW 151 street Suite 200	Miami Lakes, Florida 33014
D	Saudia Williams	5979 NW 151 street Suite 200	Miami Lakes, Florida 33014
D	Mikal Hamin	5979 NW 151 street Suite 200	Miami Lakes, Florida 33014

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: Ameena H. Ali
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 Date
(305) 828-7333 Daytime Phone #

CR2E081 (01/05)