PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 MAR 18 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002830**

1. Corporation Name

THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 54 HALLANDALE FL 33009	PO BOX 54 HALLANDALE FL 33009

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/23/1993

5. FEI Number: 65-0487085 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BROWN, JOSH JR.	657 N.W. 5TH COURT	HALLANDALE BEACH FL 33009
VPD	MOBLEY, EUNICE H	738 N.W. 3RD COURT	HALLANDALE BEACH FL 33009
RSD	GLASS, ANGELEAN C	613 N.W. 2ND AVENUE	HALLANDALE BEACH FL 33009
TD	GATES, JACQUELYN L	901 N.W. 9TH AVENUE	HALLANDALE BEACH FL 33009
FSD	BOWE, BEVERLY	814 N.W. 5TH AVENUE	HALLANDALE BEACH FL 33009

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BROWN, JOSH JR. 657 N.W. 6TH COURT HALLANDALE BEACH FL 33009	Name Street Address (P.O. Box Number Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

000318 000320--3
-04/01/02--01078--009
****297.50 ****297.50

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: Josh Brown President — Date: Nov. 24, 2001
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: Jacquelyn Gates - Jacquelyn Gates - Treasurer — 11-24-01 — (954) 454-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/01)

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 1, 2002

THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED
PO BOX 54
HALLANDALE, FL 33009

SUBJECT: THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED
Ref. Number: N93000002830

We have received your document for THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED and check(s) totaling $236.25. However, your check(s) and document are being returned for the following:

Because your reinstatement was not completed in time for you to receive a 2002 annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is $297.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leslie Sellers
Document Specialist

Letter Number: 102A00006330