

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N96000003438

1. Corporation Name

MIAMI-DADE SOUTH COMMUNITY DEVELOPMENT CORPORAT
ION

Principal Place of Business

Mailing Address

13850 N.W. 26TH AVE.
MIAMI FL 33054

13850 N.W. 26TH AVE.
MIAMI FL 33054

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

06/27/1996

5. FEI Number

65-0772434

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
D	DEMERITT, WENDELL	2325 N.W. 136TH ST. APT. 240	MIAMI FL 33054
PDS	DONALD, ROLLINS	3305 SEAMAN AVENUE	OPA LOCKA FL 33054
VTD	RICHARDSON, THOMAS	445 N.W. 20TH ST. APT. 206	MIAMI FL 33169
D	BOKS, SYLVIA	2020 NW 135 ST	MIAMI FL 33167
D	LINDA WASHINGTON	13850 NW 26TH AVE.	MIAMI, FL 33054
PDS	CHERYL SMITH	13850 NW 26TH AVE.	MIAMI, FL 33054

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEMERITT, WENDELL
13850 N.W. 26TH AVENUE
MIAMI FL 33054

Name

Linda WASHINGTON

Street Address (P.O. Box Number is Not Acceptable)

13850 NW 26TH AVE.

Suite, Apt. #, Etc.

9000003492539--7

City

Miami, FL

-12/11/00-std 021210007

****245.0FL 33054

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/18/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/00 (305) 687-2325

KE

FILED
00 NOV 29 PM 12: 06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

[Handwritten mark]

CR2E040 (8/00)