PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTME OF STATE  Katherine Harris  Secretary of State	FILED 02 JUL 26 AM 8: 56
	DIVISION OF CORPORATIONS	UZ JUL 20 KIT 0.00
DOCUMENT # 900004631  1. Corporation Name TYSON'S COMMUNITY DEVElopMENT INC,  549		SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Office Address	3. Mailing Office Address	
542-22ed St.		m-02
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida  9-3-96
West Palm Beach Zin Country	City & State	5. FEI Number Applied For 3-1-14868-58 Not Applicable
Zip Country 15/7:	a st	6. CERTIFICATE OF STATUS DESIRED Status  Status  Status  Status  Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Suite, Apt. #, Etc.		
City West Palu Beach State Zip Code FL 33407		
8. I, being appointed the registered agent of the pove named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Registered Regi		
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 Ea	ach City / State / Zin
Pres Malissa N. Tyson 3521 W. 35th St. Riviera Beach Flashow		
Vice he Alta mease Buie 1800 Embasy Dr. # 107 West Palm Beach F 3340		
Sec. Atreataies Grahan 6707 - 3rd Street Jupiter Fla., 33458		
Treasure Sandra A. Butter 2026 Ponu de Jen pl. W.P.B. 4, 33407		
T Scott U, T.	150H 3521 W. 35-4	54 RB IV. 33404
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:  SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		

## **Tyson's Community Development Corporation**

542 – 22<sup>nd</sup> Street West Palm Beach, Florida 33407 (561) 833-1380

May 24, 2002

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

This is to inform you that I never received a Uniform Business Report for my corporation (Tyson's Community Development Corporation) for 2000. It was brought to my attention that the corporation was uniformly dissolved in 2000. Please reinstate the corporate status for Tyson's Community Development Corporation and please waive the reinstatement fee. I have enclosed a check for \$192.50 for 2000-2001 and 2002 (183.75). Included in the \$192.50 is payment for a Certificate of Status.

N9600004631

Respectfully submitted,

Malissa N. Tyson, President

Malissa U. Supm