

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC -9 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N97000003494**

**1. Corporation Name**  
Antioch/Carol City Community Development Corporation

600009422546  
12/09/02--01085--008 \*\*8.75

600009422546  
12/09/02--01085--007 \*\*236.25

**2. Principal Office Address**  
21311 N.W. 34th Avenue

**3. Mailing Office Address**  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Miami, FL

**City & State**

**Zip Country**  
33056 USA

**Zip Country**

**4. Date Incorporated or Qualified To Do Business in Florida** 06-17-1997

**5. FEI Number** 31-1552361 **Applied For** Not Applicable

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

REINSTATEMENT 22

**7. Name and Address of Current Registered Agent**

**Name** Lynn C. Washington, Esq., Holland & Knight LLP

**Street Address (P.O. Box Number is Not Acceptable)** 701 Brickell Avenue

**Suite, Apt. #, Etc.** Suite 3000

**City** Miami **State** FL **Zip Code** 33131

**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**  **Date** 11-18-02

REGISTERED AGENT MUST SIGN

**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/D	Jackson, Arthur III	21311 N.W. 34 Avenue	Miami, FL 33056
D	Hills, Alexander	21311 N.W. 34 Avenue	Miami, FL 33056
D	Woods, Alonzo	21311 N.W. 34 Avenue	Miami, FL 33056
D	Davis, Vanessa	21311 N.W. 34 Avenue	Miami, FL 33056
D/S	Hollis, Karen	21311 N.W. 34 Avenue	Miami, FL 33056

**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:**  **Arthur Jackson, III** **Date** 12/02/02 **Daytime Phone #** 305-624-8170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

12/10/02