PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -5 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 98000004244

1. Corporation Name
THE Good Community Alliance, INC.

2. Principal Office Address
7901 N. Klondyke
Suite, Apt. #, etc.
City & State
Tampa Fl
Zip 33604 Country USA

3. Mailing Office Address
7901 N. Klondyke
Suite, Apt. #, etc.
City & State
Tampa Fl
Zip 33604 Country USA

REINSTATEMENT 06-04

4. Date Incorporated or Qualified To Do Business in Florida July 22, 1998

5. FEI Number 59-3547077 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Art Keeble
Street Address (P.O. Box Number is Not Acceptable)
1000 N. Ashley
900041610319
10/05/04--01076--008 **25?.75
Suite, Apt. #, Etc.
Suite 105
City TAMPA State FL Zip Code 33602

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 [signature] Date 9/30/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	ED Ross	7901 N. Klondyke St.	Tampa, FL 33604
D	Michael Parker	11907 JD ~~South~~ South Ct.	Tampa FL 33612
D	Amanda Baker	10439 Isleworth Ave	Tampa Fl 33647
D	Ryan Walker	18809 15th St.	Lutz, FL 33549
D	Stacy Stormes	1921 N. Mulberry	Tampa, Fl 33604

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] 9/30/04 813 ~~850~~ 931-7909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #