

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005442

1. Corporation Name

Naranja Princeton Community Development Corporation

Principal Place of Business

13955 SW 264th St
Miami, FL 33032

Mailing Address

16201 SW 95th Ave #303
Miami, FL 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

24420 South Dixie Highway
Suite, Apt. #, etc. N/A

3. New Mailing Office Address, If Applicable

150 SE Second Avenue
Suite, Apt. #, etc. 911

City & State

Princeton, Florida
Zip 33032 Country USA

City & State

Miami, Florida
Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1996

5. FEI Number

31-1533092

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
P	Alfredo Alvarez	25520 SW 127th Ave	Naranja, FL 33032
V	Sallie Harris	26620 SW 138th Ave	Naranja, FL 33032
S	Paul Morrow	13495 SW 260th Street	Naranja, FL 33032
D	Diane Smith	26227 SW 139th Ct	Naranja, FL 33032
D	Joseph Taylor	26515 SW 138th Ave	Naranja, FL 33032
D	Dale Craner	26330 SW 131st Street	Princeton, FL 33032

8. Name and Address of Current Registered Agent

McKinnon, Charles
150 SE 2nd Ave
Suite 911
Miami, FL 33131

9. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number, if applicable) N/A
Suite, Apt. #, Etc. N/A
City N/A
State FL Zip Code

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

C. J. McKinnon

REGISTERED AGENT MUST SIGN

Date November 25, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 NAME OF SIGNING OFFICER OR DIRECTOR

11/25/97

Date

305-258-3824

Daytime Phone #

FILED

97 DEC -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CP25040 (12/95)