

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 99 FEB -8 PM 2:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **727927**

1. Corporation Name

**NEW WASHINGTON HEIGHTS COMMUNITY DEVELOPMENT CO  
 NFERENCE, INC.**

Principal Place of Business

Mailing Address

1600 N W 3RD AVE  
 MIAMI FL 33136  
 US

1600 N W 3RD AVE  
 MIAMI FL 33136



**REINSTATEMENT**

9899  
 20

If above addresses are incorrect in any way, line through incorrect information and enter correct

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/25/1973	
City & State		City & State		5. FEI Number	
Zip		Country		59-1653921	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ED	BELL, JACKIE	1600 N.W. 3RD AVENUE	MIAMI FL 33136
P	WILLIAMS, ALVIN	990 NE 125TH STREET	MIAMI, FL 33136
T	HOLLO, TIBOR	444 BRICKELL AVENUE	MIAMI, FL 33130
D	KEY, JOYCE CARTER	3398 NW 212 STREET	MIAMI, FL 33136
D	ISAAC, RICHARD	601 NE 39 ST., #217	MIAMI FL
DS	HOLMES, BETTY	1600 NW AVE	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KNOX, GEORGE F.  
 25 WEST FLAGLER STREET, PENTHOUSE  
 MIAMI FL 33130-8712

Name: *Jackie Bell*  
 Street Address (P.O. Box Number is Not Acceptable): *1600 N.W. 3rd Ave*  
 Suite, Apt. #, Etc.: *2000012772557-4*  
 City: *Miami*  
 State: *FL*  
 Zip: *33136*

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

*Jackie Bell*

REGISTERED AGENT MUST SIGN

Date: *2-2-99*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*Jackie Bell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2-2-99* (305) 573-8217

Daytime Phone #

CR2E040 (9/98)