## ' PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **CORPORATION** REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

### DOCUMENT # 727927

Country

1. Corporation Name

MIAMI

#### NEW WASHINGTON HEIGHTS COMMUNITY DEVELOPMENT CON

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

59-1653921

2. Principal Office Address 1600: NW3RD Avenue	3. Mailing Office Address 1600 NW 3RD Avenue	HEINDIAILIV	HEINS LAILINE DI-OI	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number Applied For		
City & State	City & State			

Country

\$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 2 33136 USA 33136 USA for a Certificate of Status 7. Name and Address of Current Registered Agent Name BELL JACKIE 400032512674 Street Address (P.O. Box Number is Not Acceptable) 1600 NORTHWEST 3rd Avenue Suite, Apt. #, Etc. Zip Code City State 33136 Miami Florida

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

MIAMI. FI

Zip

4-07-04

Not Applicable

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director 1600 N.W.3rd Avenue Miami, Florida BELL JACKIE ED 990 N.E. 25th Street Miami, Florida 33136 P WILLIAMS, ALVIN Miami, Florida 33130 T HOLLO, TIBOR 444 Brickell Avenue Miami, Florida 33136 D KEY, JOYCE CARTER 3398 N.W. 212 Street 601 N.E. 39th Street D ISAAC, RICHARD Miami, Florida Miami, Florida 33136 1600 N.W. 3rd Avenue DS HOLMES, BETTY

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 filling 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jackie. Be

4-07-04 April 07, 2004 (305) 573-821