

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 # 755903

1. Corporation Name

**THE MOUNT HERMON COMMUNITY DEVELOPMENT
ASSOCIATION, INCORPORATED**

Principal Place of Business **Park** Mailing Address **Park**
2245 West Bunche Drive **2245 West Bunche Drive**
Opa Locka, FL 33054 **Opa Locka, FL 33054**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

98 JUN -8 PM 3:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

83-98

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/81

5. FEI Number

59-2085227

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Rev. Henry E. Green, Jr.	2245 West Bunche Park Dr.	Opa Locka, FL 33054
D/S	Rosa Thornton	1470 NW 179th Terrace	Miami, FL 33167
D/T	Comilla Towns, Jr.	1813 NW 191st Street	Miami, FL 33056

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*****1163.75 ***1163.75**

8. Name and Address of Current Registered Agent

Stanley B. Lewis
714 NW 62nd Street
Miami, FL 33127

9. Name and Address of New Registered Agent

Name **Stanley B. Lewis**
Street Address (P.O. Box Number is Not Acceptable)
714 NW 62nd Street
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33127**

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

Stanley B. Lewis
REGISTERED AGENT MUST SIGN

Date **05/01/98**

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., the taxes 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:

Stanley B. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/98
Date

(305) 621-5067
Daytime Phone #