

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 22 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 763287

1. Corporation Name

FLORIDA FEDERATION OF COMMUNITY DEVELOPMENT COR  
PORATIONS, INCORPORATED

Principal Place of Business

Mailing Address

2121 W. FIRST ST.  
FT. MYERS FL 33902  
US

2121 W. FIRST ST.  
FT. MYERS FL 33902  
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1982

5. FEI Number

59-2524253

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, Zip
1	2	3	4
PD	KENNIX, ROY	2121 W. 1ST ST.	FT. MYERS FL
DS	WILLIAMS, GAIL	77 W PLAZA	MIAMI FL
VD	CONEY, CHLOE	2705 E MARTIN LUTHER KING JR BLV	TAMPA FL
T	REVALES, RON	395 NW FIRST ST, ROOM 101	MIAMI FL
PD	GRIFFIN, JIMMY	1501 W SILVER SPGS, BLVD	OCALA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNIX, ROY  
2121 W. 1ST ST.  
REAR  
FT. MYERS FL 33902

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt #, Etc

City

500002792315--5

-03/02/99--01065--007

\*\*\*\*\*51.25 State Zip Code

FL

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

*Roy Kennix*

REGISTERED AGENT MUST SIGN

Date: 12/23/98

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., 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:

*Roy Kennix*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & OR DIRECTOR

12/23/98 (44)4334883

CR2EM0 (9/98)