

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -4 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763287

1. Corporation Name

Florida Federation of Community Development Corporation, Incorporated

2. Principal Office Address

847 Orange Avenue

Suite, Apt. #, etc.

Suite A

City & State

Daytona Beach, FL

Zip

32114

Country

USA

3. Mailing Office Address

P.O. Box 15065

Suite, Apt. #, etc.

City & State

Daytona Beach

Zip

32115

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 5/14/1982**

5. FEI Number
59-2524253

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-04

7. Name and Address of Current Registered Agent

Name

Christine L. Chitan

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

Suite, Apt. #, Etc.
Suite A

City

Daytona Beach

State
FL

Zip Code
32114

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

REGISTERED AGENT MUST SIGN

Date

9/27/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Gerald O. Chester	847 Orange Avenue	Daytona Beach, FL 32114
1VP	Kinsler, Charlena	1606 Silver Springs Blvd	Ocala, FL 34475
2VP	Smith, Seabron	10-B S.E. 1st Avenue	Delray, FL 33444
S	Graham, Henry	3100 N. 24th Avenue, Bldg. 1	Hollywood, FL 33020
T	Gulley, Issay	608 N. Garden Avenue	Clearwater, FL 33755
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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 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

Date

Daytime Phone #