

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -2 AM 8:25

DOCUMENT # *F02 000005341*

1. Corporation Name

The HERD Community Development Corporation

500030462375
03/15/04--01026--010 **131.25

2. Principal Office Address

108 N. Magnolia Ave. #600

Suite, Apt. #, etc.

#600

City & State

Ocala, FL

Zip

34475

Country

USA

3. Mailing Office Address

108 N. Magnolia Ave. #600

Suite, Apt. #, etc.

#600

City & State

Ocala, FL

Zip

34475

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/23/2002

5. FEI Number

95-4760461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Keith Bowers

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

1423 S. Gadsden St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Keith Bowers

REGISTERED AGENT MUST SIGN

Date *3/02/04*

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
<i>D</i>	<i>Margo Wainwright</i>	<i>5436 Onacrest Drive</i>	<i>Los Angeles, CA 90043</i>
<i>D</i>	<i>Douglas Shaw</i>	<i>1565 Eldertree Drive</i>	<i>Diamond Bar, CA 91765</i>
<i>D</i>	<i>Patrick Hadley</i>	<i>108 N. Magnolia Ave #600</i>	<i>Ocala, FL 34475</i>
<i>D</i>	<i>Leticia Shaw</i>	<i>1565 Eldertree Drive</i>	<i>Diamond Bar, CA 91765</i>
<i>B</i>			

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:

Keith Bowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

850-294-8503

Daytime Phone #

CR2E081 (9/01)

201.8
I did not receive the Annual Reports ^{page 212}
for filing. (HERD CDC) for the year 2003.

Keith Bowers