

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 # H96214

1. Corporation Name

COMMUNITY PRIDE, INC.

Principal Place of Business

% LEROY D. DENNIS
1001 GRAND AVENUE
ORLANDO FL 32805-4527

Mailing Address

% LEROY D. DENNIS
1001 GRAND AVENUE
ORLANDO FL 32805-4527

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	DENNIS, LEROY D	1001 GRAND AVENUE	ORLANDO FL
S	SCOTT, SYLVIA	1001 GRAND AVE	ORLANDO FL
D	MAXWELL, FRED	2035 W. CENTRAL BLVD.	ORLANDO FL
S	JACK, MARY	3300 GULFSTREAM RD.	ORLANDO FL
T	ROBERTS, BELVIN	2940 CLEARWAY	ORLANDO FL
D	ROBINSON, JEFF	5020 W. SOUTH STREET	ORLANDO FL

8. Name and Address of Current Registered Agent

DENNIS, LEROY D
1001 GRAND AVENUE
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002814788-4

-03/23/93 -01024-007

****900.00 ****900.00

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

Leroy D. Dennis
REGISTERED AGENT MUST SIGN

Date **3-22-99**

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:

Leroy D. Dennis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leroy D. Dennis

3-22-99 401-295-5034
Date Daytime Phone #