APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

H96214 **DOCUMENT#**

1. Corporation Name

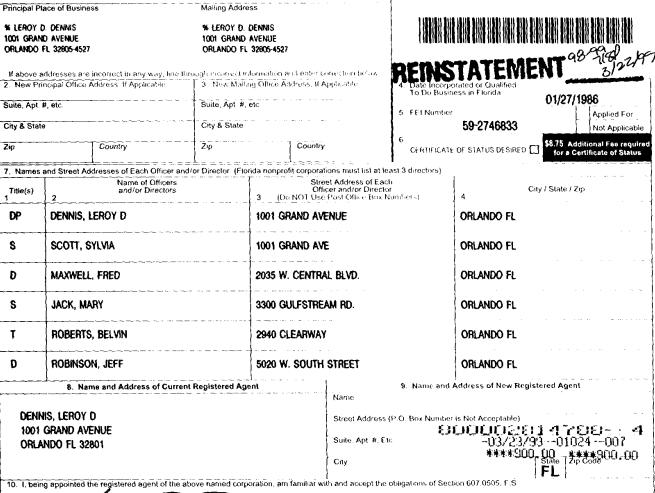
COMMUNITY PRIDE, INC.

% LEROY D. DENNIS 1001 GRAND AVENUE

If above addresses are incorrect in any w	ay, line through incorrect information and enter correction before
2. New Principal Office Address: If Applica	ible 3 New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State	City & State
Zip Country	Zip Country

FILED 99 MAR 22 AH 9: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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. Learlify 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 filling 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

REGISTERED AGENT MUST SIGN

3-22-99 407. 295-5034

Date 3 - 24-99