

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$245.02

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000000144

1. Corporation Name

INNER CITY NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

825 W. WASHINGTON ST.
ORLANDO FL 32805

825 W. WASHINGTON ST.
ORLANDO FL 32805

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 17 AM 9:32

300007764653

10/22/02--01017--008 **735.00

09/16/02 01036 001



REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2000

MRI

5. FEI Number

APPLIED FOR

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GELZER, BETTY	825 W. WASHINGTON STREET	ORLANDO FL 32805
VPD	BRITT, HELEN	1038 W. JEFFERSON STREET, APT. 1	ORLANDO FL 32805
TD	GELZER, LAWANNA	230 N. LAKELAND AVENUE	ORLANDO FL 32805
XXXXXX	GIDDENS, TRACY	2726 SILKWOOD CIRCLE, APT. 812	ORLANDO FL 32818
TD	Gelzer, Lawanna	7674 St Stephens CT	Orlando, FL 32835

8. Name and Address of Current Registered Agent

GELZER, BETTY
825 W. WASHINGTON ST.
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name
Lawanna Gelzer
Street Address (P.O. Box Number is Not Acceptable)
7674 St Stephens CT
Suite, Apt. #, Etc.
City
Orlando
State
FL
Zip Code
32835

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 998-9090

CR2040 (8/02)