


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 # N0000000144**

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.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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**REINSTATEMENT 02-03**

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

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GELZER, BETTY	825 W. WASHINGTON STREET	ORLANDO FL 32805
VPD	BRITT, HELEN	1038 W. JEFFERSON STREET, APT. 1	ORLANDO FL 32805
<del>TD</del>	<del>GELZER, LAWANNA</del>	<del>230 N. LAKELAND AVENUE</del>	<del>ORLANDO FL 32805</del>
<del>SO</del>	<del>GIDDENS, TRACY</del>	<del>2726 SILKWOOD CIRCLE, APT. 812</del>	<del>ORLANDO FL 32818</del>
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]*      **SIGNATURE REQUIRED**      Date **10/15/03**

REGISTERED AGENT MUST SIGN

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]**      **SIGNATURE REQUIRED**      Date **10/15/03**      Daytime Phone # **999-9090**      (407)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)