

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -8 PM 4:00

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N00000002099

1. Corporation Name

V.T. & D. Community Development
Cooperation, Inc.

2. Principal Office Address

3701 NW 26th St.

Suite, Apt. #, etc.

City & State

Laud. Lks, FL

Zip 33311

Country

Bahamad

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/00

5. FEI Number

65-0992020

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

Anthony Carter

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

3701 NW 26th St.

Suite, Apt. #, Etc.

City

Lauderdale Lks, FL

State

FL

Zip Code

33311

000004927110-9

-02/14/02-01068-028

***306.25 ***306.25

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

Anthony Carter

Date

2/4/02

REGISTERED AGENT MUST SIGN

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
PD	Anthony Carter	3701 NW 26th St.	Laud. Lks, FL 33311
VP	Vonda Carter	3701 NW 26th St.	Laud. Lks, FL 33311
S	Michelle Davis	2940 NW 24th Ave.	1st. Land. FL 33311
D	Dewey Knight	8260 NW 15th Ter.	Miam. Lks, FL 33016
D	Maye Jenkins	1080 NW 34th Ave.	FL Land, FL 33311
T	Barnette, Claudene	424 NW 17th Ave.	FL Land, FL 33311

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/02 954-383-5752

CR2E001 (9/01)