

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 27 PM 3:06

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000003601

1. Corporation Name

NAMC COMMUNITY DEVELOPMENT CORPORATION

2. Principal Office Address

5923 NORWOOD AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA

Zip

32208

Country

3. Mailing Office Address

5923 NORWOOD AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32208

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/2000

5. FEI Number

59-362286

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

WILLIAM J. TRUITT

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

5923 NORWOOD AVENUE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32208

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

William J. Truitt

Date

12/1/04

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
P	WILLIAM J. TRUITT	5923 NORWOOD AVE	JACKSONVILLE, FLA 32208
D	WALTER E. DUKES	U.A.F. P.O. Box 115703 FINE ARMS	GAINESVILLE, FLA 32611
D	YAHYA HASSAN	5923 NORWOOD AVE	JACKSONVILLE, FL 32208

5000-13652395
12/27/04--01091--005 **297.50

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:

William J. Truitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/04

Date

904-766-7299

Daytime Phone #

12/2/04

CR2001 (01/04)