

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORMED
AND
FILED

01 OCT 15 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N00000003789

1. Corporation Name

ECONOMIC DEVELOPMENT CENTER, INC.

2. Principal Office Address

1609 Branch Street

Suite, Apt. #, etc.

3. Mailing Office Address

1609 Branch Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

LEON

Zip

32303

Country

LEON

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3636164

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

ALVIN D. STEWART, JR.

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

2306 BRYNMAHR DR.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

REGISTERED AGENT MUST SIGN

Date 10/15/01

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 | ALVIN STEWART, JR. | 2306 BRYNMAHR DR. | Tallahassee, FL 32303 |
| VD | ALVIN STEWART, JR. | " " " | " " " |
| SD | LISA STEWART | " " " | " " " |
| TD | LAWRENCE SAMSON | 2131 N. MERIDIAN RD #14 | Tallahassee, FL 32303 |
| | | | |

9/12/01 90103 031 61-20

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

10/15/01

Date

921-1250

Daytime Phone #

CR2E081 (9/00)

OCTOBER 15, 2001

TO WHOM IT MAY CONCERN:

AFTER CHECKING THE STATUS OF OUR INCORPORATION ON THE INTERNET, WE LEARNED THAT THE CORPORATION WAS INACTIVE. WE HAVE NOT RECEIVED ANY NOTICE OF CHANGES NEEDED TO BE MADE TO OUR REPORT SINCE FILED & CHECK DEPOSITED. OUR MAILING ADDRESS HAS CHANGED AND THE MAIL HAS NOT BEEN FORWARDED.

PLEASE EXEMPT US FROM THE REINSTATEMENT FEE DUE TO THE LACK OF NOTICE OF CHANGES NEEDED TO BE MADE.

Thanks,

ANNIE BATTLES