

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -5 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003805

1. Corporation Name

OMNI COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 41595-1595
JACKSONVILLE FL 32203

P.O. BOX 41595-1595
JACKSONVILLE FL 32203



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

59-3659492

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
PT	CLARK, SAMUEL	1204 WALNUT STREET	JACKSONVILLE FL 32206
STT	CLARK, KANELLA	1204 WALNUT STREET	JACKSONVILLE FL 32206
VT	FARQUHARSON, DENNIS	1610 PERRY STREET	JACKSONVILLE FL 32206

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-11/29/01--01034--005
*****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARK, KANELLA
1204 WALNUT ST.
JACKSONVILLE FL 32206

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

Kanelle Clark
REGISTERED AGENT MUST SIGN

Date

10/18/2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel Clark
(Samuel Clark)

10/18/01

(904)
726-9422

CR2E040 (8/01)

10/19/01

To whom it may concern:

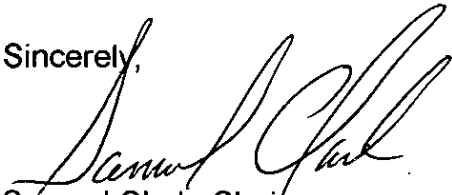
Due to the relocating of our business establishment – mail has been returned and/or simply not reached us.

Our new mailing address as well as all mail should be forwarded to...

***Omni Community Development Corporation
1133 N. Arlington Road
Jacksonville, FL 32211***

Enclosed you will find the regular filing fee of \$61.25 – If you have any questions please contact me at (904) 726-9422.

Sincerely,

A handwritten signature in black ink, appearing to read 'Samuel Clark', written over a horizontal line.

Samuel Clark, Chairman
Omni Community Development Corporation