

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000004109

1. Corporation Name

FLORA HAMILTON ROBERTS COMMUNITY FUND CORPORATION

Principal Place of Business

P O BOX 1591
FT MYERS FL 33902

Mailing Address

1107 MOHAWK PKWY
CAPE CORAL FL 33914

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

06/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1006189

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD SD	HICKS-WILEY, HELEN Baldie, Janice	2511 DAVIS ST 4613 5th St W	FT MYERS FL 33916 Lehigh Acres, FL 33971
TD	BROCK, CHRISTINE	12874 VISTA PINE CIRCLE	FT MYERS FL 33913
PD PD	EADY-COVAN, ROSE Lynda Forbes	2478 DUPREE STREET 1107 Mohawk Pkwy	FORT MYERS FL 33916 Cape Coral, FL 33914
D VPD	SALDANA, SAUNDRA Hicks-Wiley, Helen	2224 DORA ST 2511 Davis St	FT MYERS FL 33901 Ft Myers, FL 33916
D	COHN, GLADYS	2085 PAULDO ST	FT MYERS FL 33916
D	HAMILTON, LOUISE	3025 APACHE ST	FT MYERS FL 33916

8. Name and Address of Current Registered Agent

FORBES, LYNDA-A
1107 MOHAWK PARKWAY
CAPE CORAL FL 33914

9. Name and Address of New Registered Agent

Name

900013175119

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

05/20/03 - 007 **61.25

Suite, Apt. #, Etc.

REINSTATEMENT 02-03

State

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 1-14-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03 239 541 0779