

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 31 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006012

1. Corporation Name

METRO-SOUTH COMMUNITY DEVELOPMENT ASSOCIATION, INC.

Principal Place of Business

3563 PHILIPS HWY
JACKSONVILLE FL 32207

Mailing Address

3563 PHILIPS HWY
JACKSONVILLE FL 32207



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3563 Philips Hwy

Suite, Apt. #, etc.

703

City & State
Jacksonville, FL

Zip
32207

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

2001

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2000

5. FEI Number

☒ Applied For

☐ 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
D	Richard Hugo	3139 Philips Hwy Jacksonville, FL 32207	Jacksonville, FL 32207
S/T	Craig Meek	3563 Philips Hwy #703	Jacksonville, FL 32207
D	Mac McGEE	3300 Philips Hwy	Jacksonville, FL 32207
D	Stephen Long		
D	David Hamm	2600 Philips Hwy	Jacksonville, FL 32207
D	John Durand		

8. Name and Address of Current Registered Agent

F&L CORP.
200 LAURA ST
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name: Craig Meek
Street Address (P.O. Box Number is Not Acceptable):
3563 Philips Hwy #703
Suite, Apt. #, Etc.: #703
City: Jacksonville State: FL Zip Code: 32207

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

Craig Meek

REGISTERED AGENT MUST SIGN

Date

12/19/01

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:

Craig Meek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

600004765436--7

-01/10/02--01076--011

****236.25 ****236.25

12/19/01 904 376 9930

Date

Daytime Phone #

CR2E040 (8/01)

202

Form SS-4 (Rev. December 1993) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)		EIN _____ OMB No. 1545-0003 Expires 12-31-96																			
1 Name of applicant (Legal name) (See instructions.) SOUTH METRO COMMUNITY DEVELOPMENT ASSOCIATION, INC.																							
Please type or print clearly.	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name																				
	4a Mailing address (street address) (room, apt., or suite no.) 3563 Phillips Highway		5a Business address, if different from address in lines 4a and 4b																				
	4b City, state, and ZIP code Jacksonville, FL 32207		5b City, state, and ZIP code																				
	6 County and state where principal business is located Duval, Florida																						
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ M. Craig Meek																						
8a Type of entity (Check only one box.) (See instructions.) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Sole Proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> REMIC</td> <td><input type="checkbox"/> Plan administrator-SSN</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> State/local government</td> <td><input type="checkbox"/> Personal service corp.</td> <td><input type="checkbox"/> Other corporation (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> State/local government</td> <td><input type="checkbox"/> National guard</td> <td><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other nonprofit organization (specify) corporation</td> <td colspan="2"><input type="checkbox"/> Church or church controlled organization</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) _____</td> <td colspan="2"></td> </tr> </table>						<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust	<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership	<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify) _____	<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input checked="" type="checkbox"/> Other nonprofit organization (specify) corporation	<input type="checkbox"/> Church or church controlled organization		<input type="checkbox"/> Other (specify) _____		
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<input type="checkbox"/> Other (specify) _____																							
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State Florida		Foreign country																			
9 Reason for applying (Check only one box.) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Started new business (specify) ▶ _____</td> <td><input type="checkbox"/> Changed type of organization (specify) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Hired employees</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td> <td><input type="checkbox"/> Created a trust (specify) ▶ _____</td> </tr> <tr> <td><input type="checkbox"/> Banking purpose (specify) ▶ _____</td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table>						<input type="checkbox"/> Started new business (specify) ▶ _____	<input type="checkbox"/> Changed type of organization (specify) ▶ _____	<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Created a trust (specify) ▶ _____	<input type="checkbox"/> Banking purpose (specify) ▶ _____	<input type="checkbox"/> Other (specify) ▶ _____										
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<input type="checkbox"/> Banking purpose (specify) ▶ _____	<input type="checkbox"/> Other (specify) ▶ _____																						
10 Date business started or acquired (Mo., day, year) (See instructions.) 09/12/00			11 Enter closing month of accounting year (See instructions.) December																				
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A																							
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."			Nonagricultural 0	Agricultural 0	Household 0																		
14 Principal activity (See instructions.) ▶ community development																							
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
If "Yes," principal product and raw material used ▶ _____																							
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____																							
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
Note: If "Yes," please complete lines 17b and 17c.																							
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.																							
Legal name ▶		Trade name ▶																					
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.																							
Approximate date when filed (Mo., day, year)		City and state where filed		Previous EIN																			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.				Business telephone number (include area code)																			
M. Craig Meek Secretary/Treasurer				904/396-9930																			
Name and title (Please type or print clearly.) ▶																							
Signature ▶ <i>M. Craig Meek</i>				Date ▶ 9-26-01																			
Note: Do not write below this line. For official use only.																							
Please leave blank ▶		Geo.	Ind.	Class	Size																		
					Reason for applying																		