PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 DEC - 8 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/09)

DOCUMENT # N00000006191

1. Corporation Name
The Foundation for Disadvantaged Communities, inc
W 10-2572

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15245 S. Tamiami	
Suite, Apt. #, etc. Trl #5	Suite, Apt. #, etc.
City & State Ft myers	City & State Fla
Zip 33908 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9-18-2000

5. FEI Number 651036425 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (Additional Fee required for a Certified Copy)

7. Name and Address of Current Registered Agent

Name: Remnet Fenelus
Street Address (P.O. Box Number is Not Acceptable): 15245 S. Tamiami Trl #5
Suite, Apt. #, Etc.:
City: Ft myers State: FL Zip Code: 33908

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Remnet Fenelus (REGISTERED AGENT MUST SIGN) Date 11-30-10

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
OT	Sue Wyatt	15245 S. Tamiami Trl	Ft myers Fla 33908
DS	Claudette Fenelus	Same	Ft myers Fla 33908
D	Michael R. Sweeney	Same	Same

REINSTATEMENT RH

10. E-mail Address: FFDC2000@AOL.com (To be used for future annual report notification)

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. I further certify, 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: Remnet Fenelus 11-30-10
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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