

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC -1 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006848

1. Corporation Name

REFRESHING FLORIDA COMMUNITY DEVELOPMENT  
CORPORATION

2. Principal Office Address

1614 ROBINSON DRIVE

Suite, Apt. #, etc.

N/A

City & State

HAINES CITY, FL

Zip

33845

Country

U.S.A.

3. Mailing Office Address

P.O. Box 1363

Suite, Apt. #, etc.

N/A

City & State

HAINES CITY, FL

Zip

33845

Country

U.S.A.

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/2002

5. FEI Number

593678283

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

QUINTIN L. PARKER

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

1614 ROBINSON DRIVE

Suite, Apt. #, Etc.

N/A

City

HAINES CITY

State

FL

Zip Code

33845

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

*Quentin L. Parker*

Date

12/01/04

REGISTERED AGENT MUST SIGN

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
D	QUINTIN L. PARKER	1614 ROBINSON DRIVE	HAINES CITY, FL 33845 33407
D	MELVIN E. HYMES, JR.	5341 45TH ST.	WEST. PALM BEACH, FL
D	LVAH L. WILKERSON	215 CREEK ROAD	LAKE ALFRED, FL 33407

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:

*Quentin L. Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/04

Date

(863) 242-1889

Daytime Phone #

CR2E081 (01/04)