

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

276.28  
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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000000088**

1. Corporation Name

**MOUNT SINAI COMMUNITY DEVELOPMENT ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

2036 SILVER STREET  
JACKSONVILLE FL 32209

2036 SILVER STREET  
JACKSONVILLE FL 32209

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2000

5. FEI Number

59-3694396

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	KIMBROUGH, WALTER Tera Smith	11556 CORL RIDGE AVE 6438 Walther Dr.	JACKSONVILLE FL 32218 JACKSONVILLE FL 32217
DS	PLATTE, LINDA Dupree, Ester	1785 DAYTONA LANE 6504 Haslett Dr. N.	JACKSONVILLE FL 32218 32217
D	SHOOTES, THELMA	2311 W. 28 ST	JACKSONVILLE FL 32209
D	HENDRIX, THOMAS	4266 MCDANIEL DR	JACKSONVILLE FL 32209
D	GORDON, ROBERT	1604 GORDON ST	JACKSONVILLE FL 32209
D	JUSTICE, DONALD	1824 N LAURA STREET	JACKSONVILLE FL 32206

8. Name and Address of Current Registered Agent

SANDERS, WILLIE  
12760 MICHAELS LANDING CIR  
JACKSONVILLE FL

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number 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. or 617.0505, F.S.

Signature of  
Registered Agent

Willie Sanders

Date

10/23/03

REGISTERED AGENT MUST SIGN

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: Willie Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03 904-354-7249

CR2E040 (7/03)